

Dr. Herbert M. Howe.



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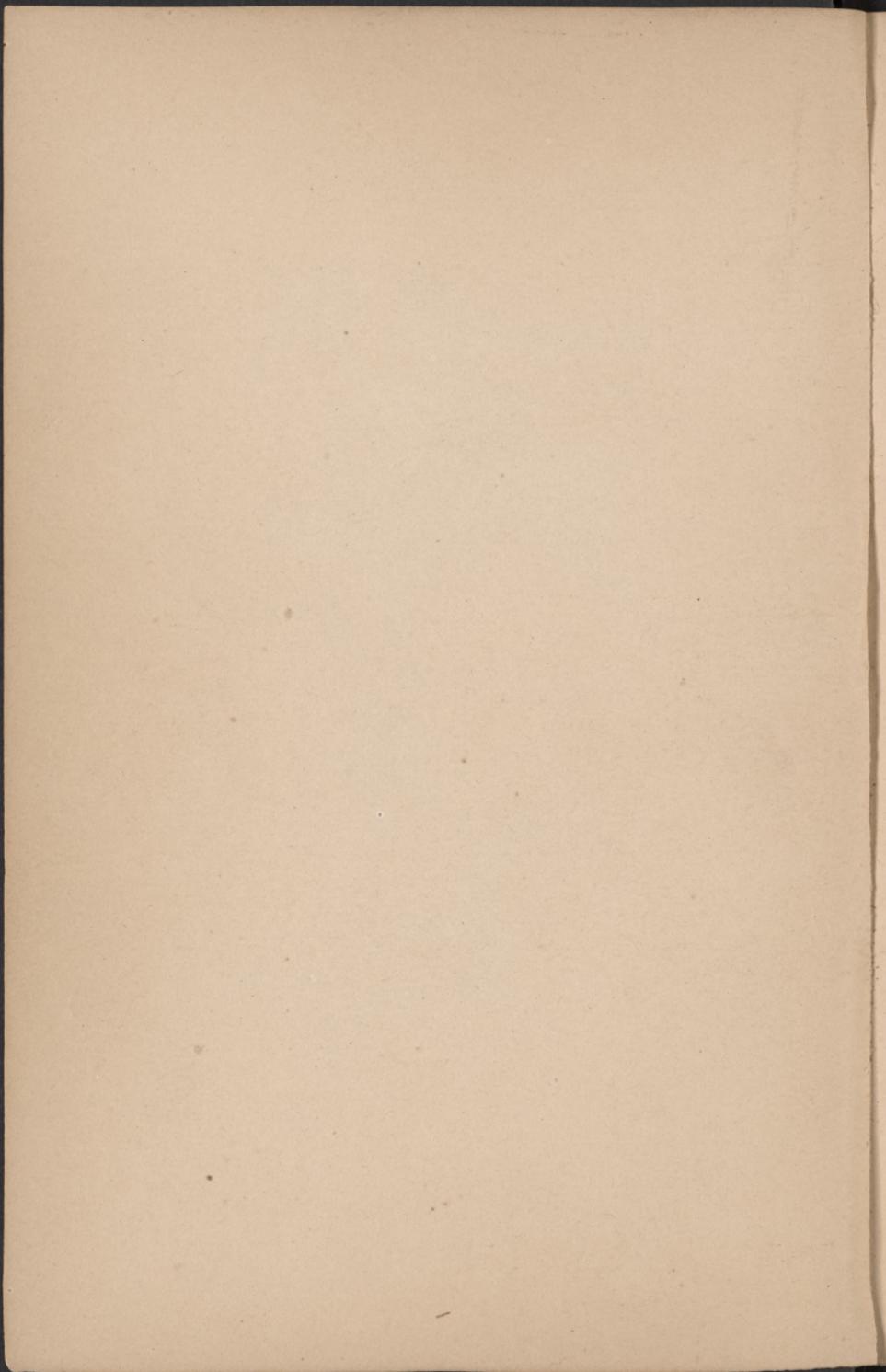
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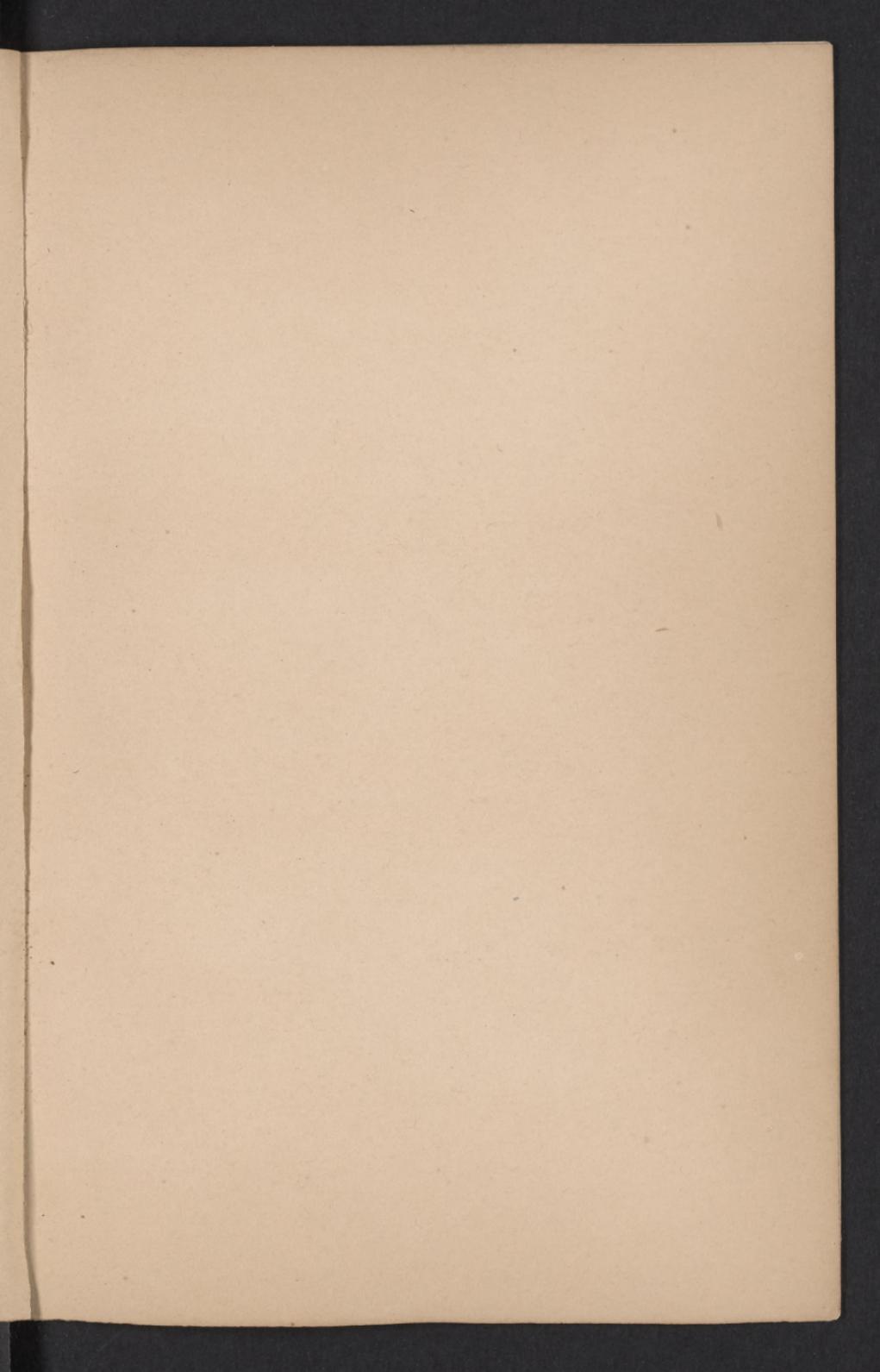
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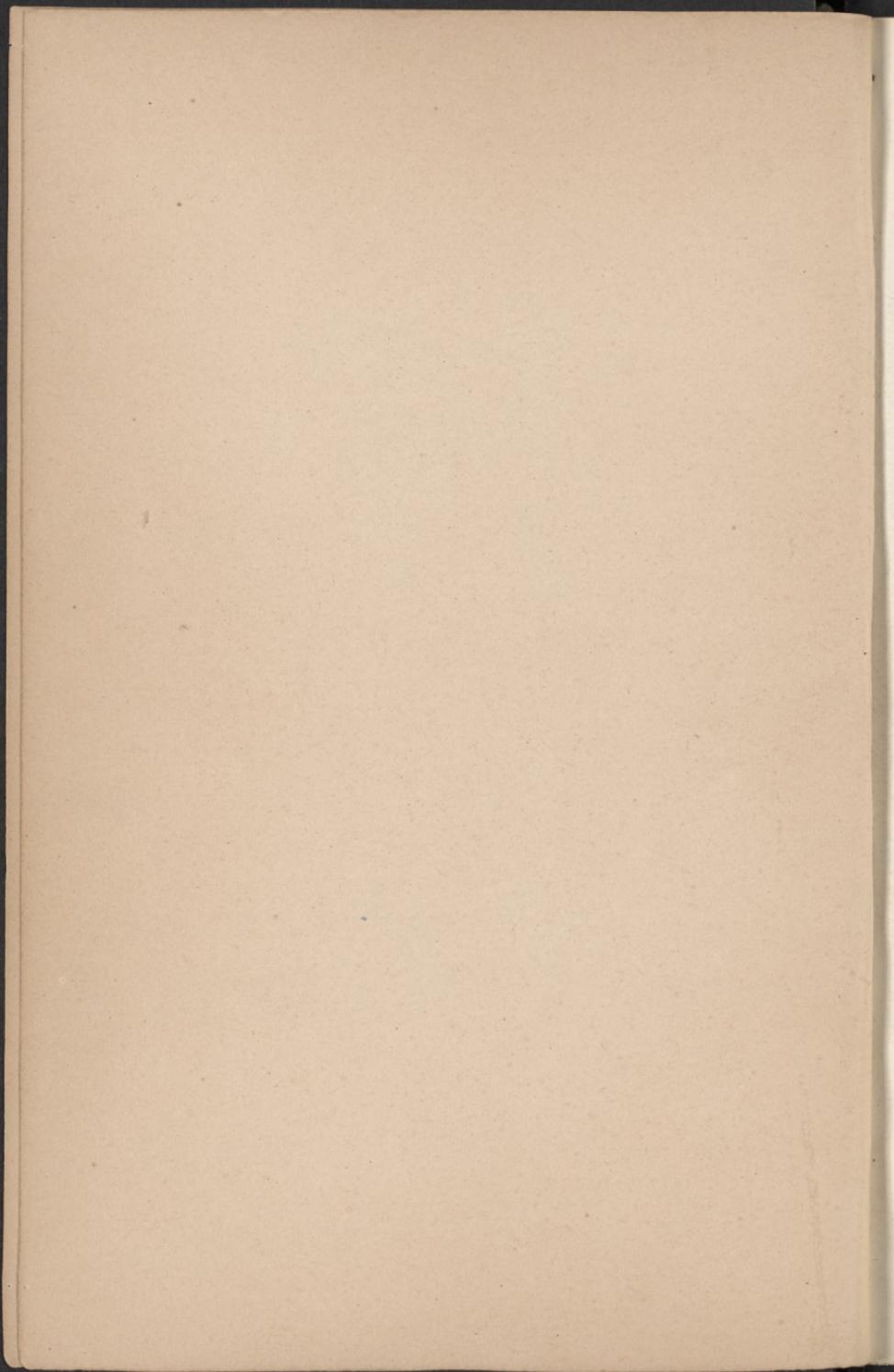
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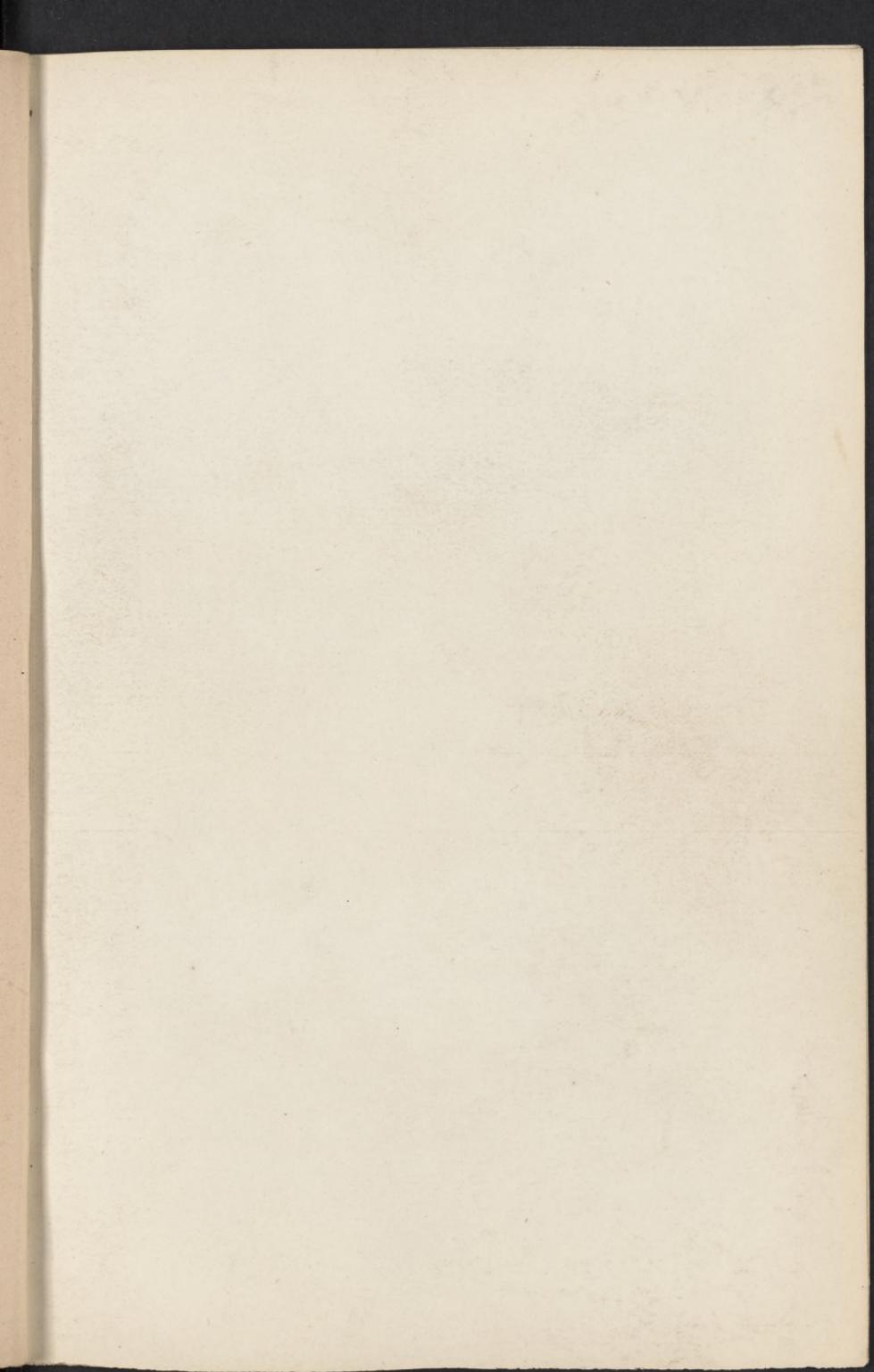
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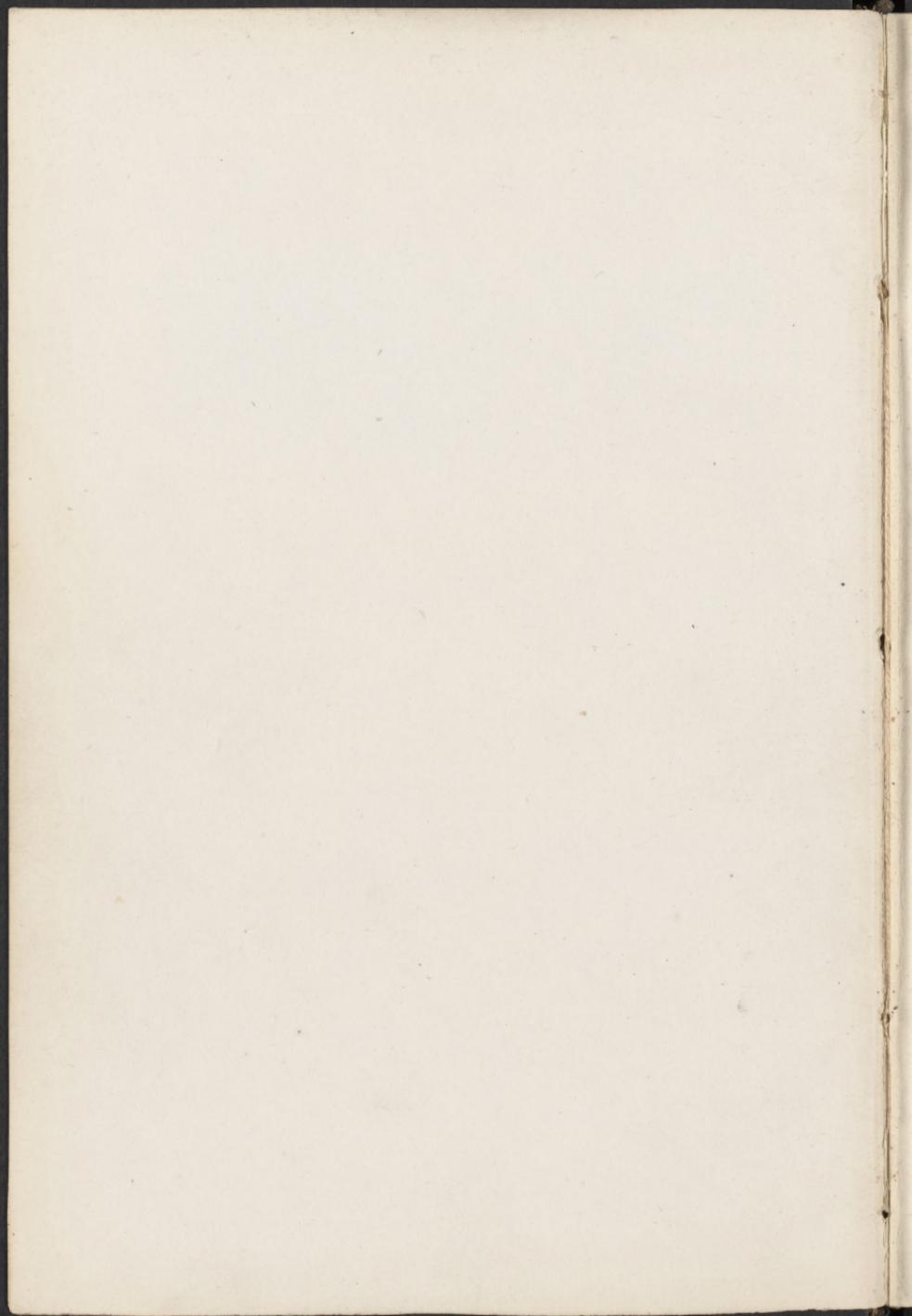
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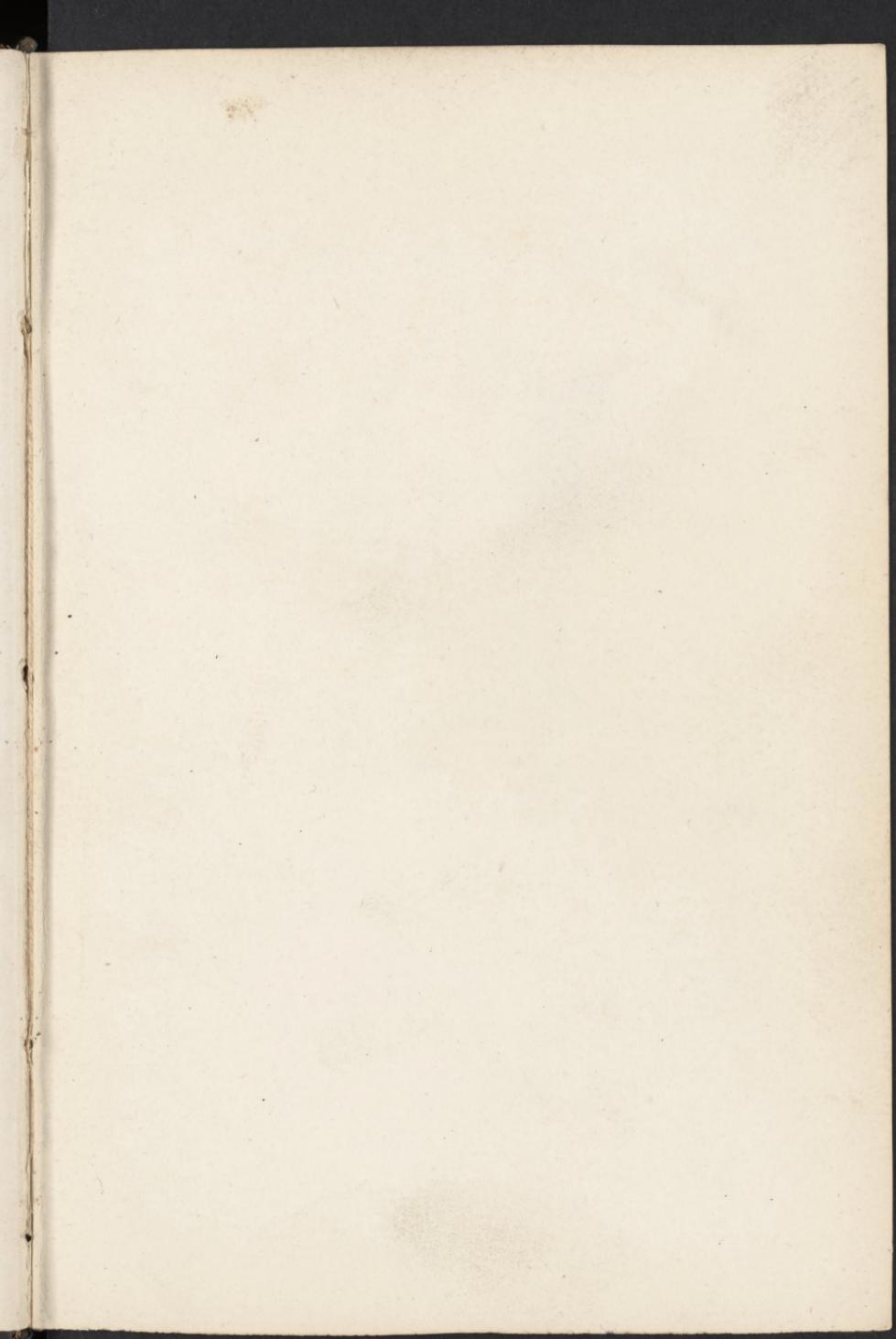














R. T. Benrose M.D.
Sciunt: Obstetric: Prof.

Notes taken on Lectures

delivered in the

University of Pennsylvania

by

Dr. R. A. F. Penrose.

Professor of Obstetrics and
Diseases of Women & Children.

during the

Winter of 1863.

H. Mc. Howe.

Lecture No. 1-

There are two membranes covering the Graffian vesicle. The outer one is thin and elastic, the inner one is thick and non elastic - sometimes called the mucous membrane of the Graffian vesicle. Inside of this membrane we have the granular layer. The fluid contents of a Graffian follicle being increased in quantity a protusion is caused upon the surface of the Ovary. This at length bursts - and the ovum is extruded. During this time the whole nervous system of the woman is unusually exalted. By reflex action the fimbriated extremities of the Fallopian tube clasps the place where the egg is to be discharged - and when it has been extruded it is conveyed in the Oviducts to the

uterus. Should the nervous influence over these fibrilla be suspended, from any cause, the egg will be dropped into the cavity of the abdomen - and should the egg have become impregnated, that horrible condition known as "extra uterine pregnancy" will follow. After the ovum has been evacuated the membranes of the Graafian follicle contract. the outer membrane being stouter and the inner more lax so they contract unequal- ly. this throws the inner mem- brane into convolutions. The "Proteiform disc" is the name given to those granules which adhere to the ovum during its passage through the Fallopian tubes and its early life within the uterus. The object

of those granules is to give nutriment to the egg.

Lecture No. 2.

Gentlemen I have given you to understand that I consider the function of menstruation to be caused solely by ovulation. There is much evidence which can be brought to bear to uphold this fact. When we examine the body of a woman who died during menstruation, we find a freshly ruptured Graafian vesicle and the egg actually within the grasp of the Fallopian fibrilla. There are however, some instances in which this condition is not found. This may be due to a number of causes among which might be named the very disease of which the woman died causing some de-

rangement of the function of ovulation. Then menstruation has performed an experiment exemplifying the truth above stated. There have been cases in which a well developed woman (in every other way) had no periods. In them all the symptoms of menstruation at the regular intervals, such as pain in the back - languor - headache &c have been distinctly marked and yet no hemorrhage. The month of menstruation is a lunar month and women frequently speak of their "full moon" or "new moon" sickness. Menstruation is a true hemorrhage from the walls of a congested uterus. This usually takes place when ovulation is going on owing to the nervous excitement of the organs.

of the part. Climate affects the age at which the menses begin. It is earlier in the tropical climate - later in a colder one. In temperate places the catamenia is established somewhere between the ages of 13 and 15. This function is also influenced by idiosyncrasy. It has occurred in very young girls - even at 2 and 3 years old - and in other instances it does not appear until 40. These young cases are very rare - sometimes a mere haemorrhage is mistaken for menstruation in them - without the mammary glands are developed and hair is found on the pudend. in it cannot be regarded as a catamenial discharge. There is always back-ache during menstruation. The cause is evident

the ovary becomes swollen and distends its capsule. Some women become hysterical at the time of menstruation. Some always have trouble and pain - but most gradually after the function is once established there is no further annoyance. There is some irregularity as to the time which elapses between the menstrual periods - it is usually however a multiple of 7 days. The duration of the flow is variable - it ranges from 5 to 8 days in healthy subjects. The normal quantity discharged is about 3 fl. oz. in a day. nervous excitement augments the quantity. The fluid of menstruation is mainly blood mixed with uterine and vaginal secretions. The latter secretion is

acid and prevents the blood
from coagulating. Some believe that the mucous coat of
the uterus is thrown off at menses.
but this is generally regarded as a morbid action
and is known as Membranous Dismenorrhoea. Women gen-
erally cease menstruating at
about 45- sometimes sooner, some
times later. The cessation of this
function cannot be regarded
as a critical period, as women
are no more liable to disease
after than before that time. The
vitelline membrane is the in-
vesting membrane of the human
egg. Within this is the vitellus,
a granular liquid, somewhat
yellowish. In the yolk or vitel-
lus is the germinal vesicle,
in this is the "germinal spot".

Lecture No. 3.

Supposing fecundation to have taken place in the Graafian vesicle a living being is extruded from the ovary and not a mere ovule. If we look at the ovum after fecundation we find a shaggy coat called the Chorion enveloping it. The irregularities upon the chorion are named the villi of the Chorion. Inside of the Chorion we have another layer named the Amnion. Between these two membranes we find an albuminous liquid and the Umbilical vesicle. Within the amnion is contained a liquid called the liquor amnii. The ovum divides and subdivides, and at last forms what is called the Morbury body. These are innumerable granules out

of which the future human being
is to be elaborated. These gran-
ules precipitate themselves in
several layers upon the inner
surface of the vitelline membrane.
This membrane divides into three.
one of these is the Blastodermic
serous membrane. This is the
external membrane - and forms
the skeleton - the muscular system
the nervous system and the
skin. The next is the mucous
layer of the Blastoderm, and de-
velops into the intestines and
the various glands. Lastly we
have the vascular layer. From
which the vascular system is
made. The serous layer of the
Blastoderm arches over the "Pari-
etive tract" and at length the
opposite parts meet - and we
have a spinal column and a

spinal cord enclosed. These arches are called the Laminae Dorsales. The Laminae Ventrals, as they are called, arch over and form the walls of the abdomen and thorax. Should the Laminae Dorsales not be sufficient to meet, Spina Bifida is the result: should the Laminae ventrals be insufficient as a consequence we find Umbilical hernia. or if it occur higher up Hæm. lip. results. The Yacht of the Allantois is the muscle which forms the Placenta and the Umbilical vessels.

Lecture No. 4

The Liquor amni is essential for many phenomena - by its means it protects the embryo until it comes in con-

fact with the Chorion - it also
allows movement so necessary
to the child - and lastly it pro-
tects the child from the violent
contractions of the uterus. At
first the Chorion is a smooth
membrane - but about the 2nd.
week it has a number of villos
ities upon its surface - giving it
a shaggy appearance. The mem-
brane decidua is a double
membrane. It used to be thought
that it was made by a secretion
on the inside of the uterus. This
secretion was supposed to cover
the whole of the inside of the uter-
us its orifices and all - now
as the egg left the Fallopian
tube to enter the uterus it
of necessity would push
this membrane before it.
The microscope however



has proved this theory to be entirely wrong. The Membrana Decidua is now known to be the hypertrophied mucous membrane of the uterus. The egg comes into the uterus - which is now congested - the villi of the chorion implant themselves into this congested mucous membrane - which takes on a sort of fungous growth and develops around the egg - and envelopes it at last in a complete bag. The maternal surface of the Placenta consists merely of a collection of venous sinuses - into each one of these an artery dips from the foetal Placenta. The veins of the Placenta have no valves. There are no nerves either in the pla



urta or cord.

Lecture No. 5:-

The Yuckus is nothing but the remains of the pedicle of the allantois. The Wolffian Bodies are sometimes called the false kidneys of the child. This name finds its applicability in the fact that these bodies perform the function of the kidneys in the foetus. The product of conception is called Embryo until the 4th month - then it is a Foetus. At 7 months it is viable though scarcely ever able, at this age, to sustain an independent existence. The Foetal heart differs from that of the adult in a number of particulars. There is an opening between the two auricles. This opening is provided with a valve. There is a channel

~~considering our~~ ~~the pulmonary ar.~~
~~with the neck of the heart~~
~~this conclusion is formed the~~
~~fixed arteries - the outlet is~~
~~one of the sides of the oste-~~
~~ous parts of the head~~
~~The foramen are situated at~~
~~either side of the sagittal sul-~~
~~lure -~~

Lecture No. 6.

Signs of Pregnancy. These are
of two classes - Rational and
Physical. The former are those
which can be discovered by an
intelligent observer. The latter
are those known only by the
educated Physician. Aris-
totle says that if there is no
liquid coming from the vul-
va, and if the penis be re-
markably dry after withdraw-
al from the vagina - the con-

nuction has been fruitful. Blue-
ness about the eyes and swell-
ing of the neck have both been
regarded signs of this condition.
The first sign however that can
be relied on at all is the sus-
picion of the menses. We
must be sure that no morbid
causes brought about this sus-
picion of the Catamenia.
If the woman has had none
of those exposures such as cold
and if she has subjected her
self to the approach of a man
we may have some ground
for thinking that she is preg-
nant. This sign is by no
means unexceptionable -
we must remember in this
connection that some women
are menstruating during the
earlier months of gestation.

and that others menstruate during the whole period - & in some rare instances women are found who menstruate only when pregnant - The condition of the mammary glands and the areola is a more reliable sign - The breasts become swollen and painful - throbbing - particularly in primipara - But it must be remembered that if the uterus be irritated in any way, mammary development will follow - caused by the sympathy of the two organs - But there are changes in the breast characteristic of pregnancy - The nipple becomes darker, especially in brunettes, in the negroes it becomes perfectly black - in the blonde it

changes but very little. Upon
the areola some minute de-
vations may be noticed. It
presents a puffiness very
characteristic and is of a
brownish hue. The veins of
the gland become enlarged
and more numerous, and
spread over the areola.
The coloring matter is usually
absorbed in Bladdes. in Bre-
ast it often remains perma-
nently. The appearance of
milk within the glands, tak-
en alone, is not of much value.
The enlargement of the abdo-
men is not a certain sign.
The enlargement of pregnancy
is peculiar - it is flattened.
The French say "in a flat belly
there is a baby." During the
two last months the umbil-

cious projects. The uterus can be felt within the abdomen, which at the latter part of gestation extends considerably above the umbilicus. Sometimes there is a sort of auricle surrounding the umbilicus. There is also frequently a dark line extending from the umbilicus to the pubis. This is generally found in brunettes.

Lecture No. 7.

Dr. Montgomery says that he regards the umbilical ring as a sure sign that pregnancy exists. He has never known it to fail. As to the enlargement of the uterus as a sign, it must be remembered that it may be due to a diseased state, but we must investigate into the length of time which it has taken this organ

it becomes so much augmented
in size it is probable that a
uterus could never develop at
the rate which a pregnant one
does. The protrusion of the
umbilicus is a very character-
istic sign of pregnancy - another
a sign is nausea and vom-
iting. This usually occurs in
the morning and is common-
ly known as morning sick-
ness. This condition differs
from that which is due to
gastric disturbance. In
that of pregnancy there is
no furrow tongue - no pain
in the epigastrium & no fever.
Dr. Penrose says that women
have often told him that after
conception they have their
morning sickness when brush-
ing their teeth - and they re-

gards this as an unequivocal sign as to their condition. The matter vomited at these sicknesses is frequently watery. This morning sickness usually lasts but a few months of pregnancy. It sometimes however lasts all of the nine months. Another sign is a bluish color of the vagina. It has been described as resembling ink or the tea of wine. This sign is very valuable but cannot be ascertained to but in Medicolegal cases. These are all of the natural signs that are absolutely important.

Physical signs. The woman can first feel the presence and movements of the child at about the fourth month. She will be apt to be conscious

of them a little sooner if the
body of a nervous temperament
or if the child be large - when
the child becomes nearly fully
developed the effects of its
movements may be seen by
looking at the abdomen of
the mother. If one hand be
placed on one side of the abdomen
and with the other the reverse
side of the abdomen be struck -
the movements of the fetus will
be stimulated - and they may
by this means be observed.

This may be performed
from the end of the 4th month to the
7th. It may be either external or
internal. When practicing internal
it may be with the woman must
be placed upon her back - his
fingers of the right hand are to
be inserted within the vagina

and the left is to be placed upon the abdomen. Then let the woman take a deep inspiration the right hand is pushed suddenly up. This will make the child bound up, and then fall which will make an impression upon the fingers inserted inside of the vagina and now resting against the os uteri. Auscultation is the best means of ascertaining the certainty of pregnancy. The sounds of the foetal heart are the most reliable sounds heard with in the cavity of the uterus. These sounds can be detected at about the beginning of the 5th month. When these sounds cannot be heard at the end of the 6th month, we may just assume

that there is not a living
child in the cavity of the ab-
domen by the word abdo-
ment all extrauterine preg-
nancy's are included.
The foetal heart beats about
130 in a minute. In aus-
culting for the sounds of the
foetal heart it is preferable
to employ a stethoscope, by
this means the sounds may be lo-
cated. These sounds are heard
usually at a little the left
of the median line. This will be
changed by the position of the child.

Lecture No 5

Some unenthusiastic observers
have claimed that by mere
auscultation the condition of
the foetus whether healthy or
diseased can be discovered.
Dr. Penrose does not allow

This - but he thinks that if the
number of the beats are abnor-
mal we may suppose that
the foetus is suffering. There
is a strange murmur - called
the uterine murmur: of the cause
of this sound there is diversity of
opinion. Dr. P. believes it to be caus-
ed by the blood in the enlarged
uterine vessels. This sound tells
us that the uterus is enlarged
and no more - but as the usual
cause of enlarged uterus is preg-
nancy - it is regarded as an
additional sign of this con-
dition. Sex is the ruling
power in woman. This is ill-
lustrated at very minute
period, even should the egg
be lost - but in fact it is this time
when fecundation has taken
place. It has been very just

by said that the enlargement
of the uterus under the stimulus
of pregnancy is the miracle of
nature. At the 3rd. month
we find the fundus of the uterus
rising into the superior strait -
at the 4th month it enters
the abdominal cavity. The
round ligaments do not stretch
to accommodate themselves
to the enlarged uterus - but
they grow by virtue of cell de-
velopment. There is always
more or less obliquity in the
position of the uterus. The
right lateral obliquity is the
one most common. Mad.
am Boivin says that this
is due to the fact that the
right ligament is almost
shorter than the left - After
fecundation the uterus be-

comes softened so much so
that at full term it can
scarcely be distinguished
from the vagina. During
pregnancy the uterus actually
develops in all its parts. Its
fundus becomes larger.
its blood vessels become large,
wider and more numerous. There
are no valves to the veins of
the uterus. The first 3 months of
pregnancy the uterus subsides
within the cavity of the pelvis.
This subsidence causes irritation
of the rectum and bladder -
haemorrhoids and varicose
veins of the lower extremities.
The enlarged uterus also press-
es upon several nerves caus-
ing much pain and uneasiness
to the pregnant woman. The
Obliterator nerve and the Great

States with the Crural are the
most frequently pressed
upon. Little can be done for
the relief of this condition.

Lecture No. 9

The enlarged uterus necessarily
presses upon the vessels having
the kidneys. This pressure causes
a congested state of these organs
and according to some authors
this may produce granular
or tubular inflammation of the
kidney. The pressure of the uterus
upon the stomach irritates it,
and has a consequence women
during the latter months, frequent-
ly vomit without any gastric
disease. The function of the
liver is often interfered with,
by the enlargement of the uterus
therefore women far gone in ges-
tation often present a Jaund.

ived appearance. The abdomen
that is muscular always being
much stretched by pregnancy.
The same is true of the skin cov-
ering the abdomen. The nerv-
ous system of the woman is in
an exalted condition during the
period of gestation. She is more
subject to impressions than at
other times. The moral and
intellectual functions of the fe-
male are much changed when
pregnancy exists. Some are
never so agreeable while others
seem never so obnoxious. Preg-
nant women have very strange
impressions and desires. Thus
a case is reported in which a woman
desired the buttock of her bath
to eat. When these desires are
not absolutely wrong or injurious
they should be gratified. In

In this connection it is interesting and
useful to decide whether or not
the foetus *in utero* may be influ-
enced by the mother's imagination.
Dr. Penrose believes that it can.
He cites many proofs - among
which he describes the case of a
woman who suddenly heard
of the death of her husband - her
child immediately stopped its
movements, and she aborted
three days after. Rokitansky
believes that the mother's im-
agination may influence her
unborn child. It becomes
necessary then that all disa-
gratiable sights and sounds be
excluded. From the ^{the} program
women - Pregnancy is a
stirrup to the whole econ-
omy - for this reason we see
that the tendency during ges-

cation is to Pithorach. This is particularly marked during the latter months of pregnancy. The fibrin is increased and the "uffy coat" may generally be found on the blood of the parturient woman. The disorders of pregnancy are generally the more symptoms aggravated. Our treatment must therefore be palliative rather than curative. Some women have rectal irritation, and a consequent constant desire to go to stool, which may make severe bearing down efforts. Rest and local anodynes constitute the proper treatment for such cases. Put the patient to bed, and give injections containing

Sinck. Opium deodorata gtt. x L. tinct.
or put into the rectum a Suppository
containing Ext. Opii (water) grs. iij

Lecture No. 10.

Inflammation of the Bladder, ducts
pressure cannot often be re-
lieved - but rest and opiate
are indicated. Retention of
Urine must be combated
with the Catheter. Pressure
upon the veins often causes
very painful oedema, or a var-
icose condition of the veins of the
legs. These symptoms may be trea-
ted by fumigating, and applying
a bandage from the toes up.
Rupture of a varicose vein-
calls for elevation of the limb
and the bandage. Hæmorrh-
oids are often very painful
treat with some astringent
ointment. Constipation -

which is due to pressure, and
to the fact that the abdominal
muscles cannot help in the
evacuation of the bowels, it
often troublesome to pregnant
women. The woman should
never be allowed to suffer
from this condition. Sul-
phur may be given. Castor
oil is particularly useful.
It is best given upon Porter
or Ale. or It may be admin-
istered every night or every
other night or morning.
Magnesia as an habitual
laxative should be avoided.
Painful stretching of the abdom-
inal muscles, is often trou-
blesome. Treatment. Those
suffering from this should
lie down a good part of the
time - abdominal bandage.

Local anodynes.

R. Tinct Acetate R.

Tinct Opii

Chloriform.

Camphor

Lin. Sap.

ffij

Procedentia - of the pregnant uterus is another disease sometimes met with during gestation. Treated by putting to bed - evacuating the bowels - returning the uterus to its place - and the use of Opialise in the form of laudanum injections. Versions of the womb should be combated by rest and opialise. By some instances the abdominal muscles have, in former pregnancies, become separated from each other, and the uterus has not sufficient support. Treatment an abdominal belt and rest. Retroversion which is a fall.

ing of the fundus of the Uterus
below the promontory of the
Sacrum. is a serious compli-
cation of pregnancy. It is
generally due to a long
retention of urine, the Blad-
der becomes distended, and
presses the uterus backward.
When this condition of things
takes place, evacuation of
the bowels becomes difficult
and that of the bladder im-
possible. It may usually
be relieved by placing the
woman on her Knees, and
introducing into the Rectum
one finger and into the Va-
gina, another, when man-
ipulation will generally
put the uterus in proper po-
sition. The bladder must also
all be attended to for other

wish it may be suppressed.
Among sympathetical disorders may be enumerated
nausea and vomiting. If this is not excessive it need not
be treated. Sennitellz Powder,
when there is constipation, is
a good remedy, for Morning
sickness. Rinses

R Ling. Tinct. $\frac{3}{4}$ fl. oz.

Chloroform. $\frac{3}{4}$ fl. oz.

D. S. 20 to 40 drops.

R Acid. Sulph. dil. $\frac{3}{4}$ fl. oz.

Spir. Vin. Gal. $\frac{3}{4}$ fl. oz.

Aqua. $\frac{3}{4}$ fl. oz.

R S. $\frac{3}{4}$ fl. oz. a dose.

R Potas. bicarb $\frac{3}{4}$ fl. oz.

Spir. Amm. ammon. $\frac{3}{4}$ fl. oz.

Ag. Menth. ssp. $\frac{3}{4}$ fl. oz.

R. S. $\frac{3}{4}$ fl. oz.

~~Care~~ Rx Bismuth Sub. Nit. qss xx

Fr. S. Repeat if necessary.

A poultice, with Laudanum in it may be placed over the epigastrium. The idiosyncrasies of the patient should be inspected in deciding what the diet be. The secretion of the Salivary glands is often much increased. It is not well to interfere with this secretion; attention to the bowels, and proper diet should be our only treatment. Irritation of the Liver due to pressure during the last half part of gestation is frequently noticed. This irritation is manifested by indigestion, pain, diarrhea, &c. The Glandulae of pregnancy, may be treated with Castor oil and Opium. Painful Mammary glands

Brown as Mastodynia, may
be relieved generally by Bella-
donna plaster.

Lecture No. 11.

Uterine Placenta is marked by
pains in the back, and a general
alarm arises about the pelvic
viscera. It is a condition com-
mon to the child particularly.
For if not relieved, abortion is apt
to occur. If a vaginal examin-
ation be made, it will be found
hot and dry, and the uterus will
present a hard and inflam-
ming condition. This Placenta
is properly treated by putting
to bed using tonics and it
frequently becomes advisable to
give a saline cathartic. Rheu-
matism of the uterus is another
complication of gestation.

Treatment - Rest - Tonics and cat
Opiates. Purulent Vulva - Itch.
ing of the vulva. This is sometimes
felt at the Os. is very annoying. Some
times brought about by sexual
excesses.

R Borax pulvra. $\frac{3}{4}$ "

Morph. sulph. gr $\frac{1}{4}$

Aquaro. $\frac{3}{4}$ "

R S. wash about the Vulva.

An exfoliative condition of the
Os uteri is not dangerous to
The pregnant woman, and
will not ^{ever} suppose bring
about abortion. The applications
of Caustic sometimes made
for the relief of this condition
of ulcerated os uteri is more
dangerous than the disease
which it is supposed to treat.
Treatment - Locally
we may use astringent in.

patients such as Hurn or the effects
of Lead, solutions or Tonics
should be given internally.
Plethora attending the latter
months of gestation must
sometimes be relieved. It
is properly treated by a reg-
ulated diet - rest. if the con-
dition be extreme breast punges
may be employed. Anemia
connected with pregnancy
must be treated as Anemia
under ordinary circumstances.
Stimulants - Tonics - good diet
Oedema is a complication of
pregnancy believed to be due
to a deranged action of the Kid-
neys. The urine is secreted in
small quantities - has much
albumen contained in it -
while the urea is allowed to
remain in the blood. The Dropsy

becomes general. Pressure of
the uterus upon the renal veins
is one of the most frequent
causes of this Albumenuria.
That uterine pressure is often obtained
after delivery, and that albu-
menuria may be brought
about experimentally by ligat-
ing the renal veins - are evi-
dences enough that this condi-
tion may be caused by the press-
ure of the uterus upon these vessels.
This albumenuria may also be
caused by sympathy. It is
scarcely ever due to renal dis-
ease. Treatment. Good
dil. Saline purges. Mild
diuretics. Sometimes the
urine presents an abnorm-
al quantity of the phosphates.
This condition is generally
found in women who are

below par. The proper treatment
is the use of mild diuretics. Tart
Gum-acid. is beneficial. Ex-
ercise is very important to the
pregnant woman, those
whose circumstances force upon
them a giddy amount, always
fall onto labor better prepared than
those who have spent their period of
gestation napping and idling. A
poet has put it into the following
apt lines.

"Teeming with the soon expected birth,
Weeds the young corn, or harrows down
the earth,

Patient of toil, with careful hand
she turns,

And trains the tendrils of the strag-
gly vines.

Intent on labor, nor as yet forbears
Till pain o'er tasks her, mid her
rustic cares,

Her bosom's load, so easily she yields
One might suppose she found it in
The fields."

Constipation must be very stuck-
ly guarded against during preg-
nancy: it sometimes becomes nec-
essary to give the patient a dose of
Castor oil - say $\frac{3}{4}$ - every day. It
had better be administered in the
morning - for if this be done, labor
will, when gestation is completed,
be brought on in the day time, most
probably - for we often find the
dose of Castor Oil the immediate
cause of Labor. It is well dur-
ing the latter weeks of pregnancy
to direct our patients to wash
the nipples frequently in some ad-
mirable lotion.

R Brandy $\frac{3}{4}$ ij

Alum. $\frac{3}{4}$ i

M. S. use as directed.

Borax may be substituted for the Alum.

Lecture No. 12.

Every pregnant woman should be guarded from any depressing and exciting influences. She should be made happy - should go into company &c. Depression may be treated by paying especial attention to the constitutional symptoms. A healthy woman living in comfort rarely has any difficulty during pregnancy. Pregnancy in them is a ~~minor~~ ^{regular} set of evolutional symptoms or changes. In some health is never so perfect as when they are pregnant. Child bearing is in fact a healthful function. It frequently seems to protect against contagion - sometimes the ~~fruits~~ of contagion remain dormant

until delivery has taken place.
Pregnancy in those having a
predisposition to tubercle but
having as yet none actually
deposited is in a degree pre-
ventative. If however the di-
sease be actually formed prior
to pregnancy it is aggravated
by its appearance. Abortion is
the great accident of gestation.
It is strictly the expulsion of the
foetus before it is viable. This is
generally prior to the 7th month.
Abortion is most frequently met
with during the 1st, 2nd, & 3rd
months. Very early abortion or
Affluxion of the older writers
is a much more frequent ac-
cident than generally supposed.
Indeed experience shows that
few married women pass their
child bearing period, with

out aborting at sometime. It
is said that more female chil-
dren are aborted than male.
There are three classes - Spontan-
eous, Accidental & Designed. The
causes of Spontaneous abortion
are peculiarities of the matern-
al constitution - diseases of the
ovum & diseased condition of the
uterus or its appendages. Pleth-
ora, anemia, irritability are
conditions of the mother liable
to bring about a miscarriage.
Some women always abort
at a particular time.

Diseases of the ovum itself are
the most frequent causes of
Spontaneous abortion. This
is a conservative action of
nature in these cases. She does
not suffer her imperfect child
to be born. If they are the

first year is one of trials - if they
are found wanting she abandons
them - Small pox may occur
in utero. Through the medium
of the mother while she her
self escapes - Syphilis is a
very frequent cause of Abortion
in these cases it is much better
to die, for death is far better
than a life tainted by a syph.
itic constitution - Faulty de-
generation of the Placenta is
due to an impure and form-
ative force in the ovum - Syph.
ilis is found to be the frequent
cause of this condition - As
soon as the product of con-
ception has become actually
diseased, abortion should
be hailed as beneficial -
Accidental Abortion - This
usually comes on immediate.

by unlike in this respect upon
labor & abortion. Irrita-
tion of almost any of the organs
may cause accidental abortion.
Dr. Penrose cites an instance in
which a woman aborted from
the irritation caused by a
Speculum examination - Co-
ition is said to be a cause of
miscarriage - but Dr. Penrose
thinks that it is not injurious
without abortion is threatened.
Powerful physical im-
pressions may bring about
this accident.

Lecture No. 13.

Very early Abortions (affusions)
have for their symptoms those of
dismenorhoea. The nearer
the abortion approaches the time
at which natural delivery should
take place, the more it resem-

her regular labor. During the first two months of pregnancy, if abortion takes place the whole ovum is expelled at once. The Placenta is not formed at this period. In these cases in which the ovum is extruded or, the uterus is emptied at once, and it therefore contracts and the woman suffers but little more than she would from an aggravated menstruation. During the 3rd and 4th month the Placenta and membranes, being well attached, are retained and only the Embryo is expelled. The uterus then contracts and hemorrhage ceases. It might be supposed that all danger was over, but subsequently hemorrhage occurs, or the retained placenta putrefies, or it may form an hydratid, or

putifying it contaminates the blood. Here we have the dangers of Abortions during the 4th and 5th months. The symptoms of spontaneous abortion are those of depression - lack of appetite - The symptoms of pregnancy cease whenever the child dies. If it should die at an advanced period of gestation - soon after hours afterwards the breasts will be noticed swollen and milk will be found within them just as if the child had been born alive at "full term" It may be retained within the uterus a long time after it is dead - it may be retained until pregnancy would naturally cease - but most generally it is expelled at the end of the month. By an

examination of the Placenta
and membranes we may often
find that they are much
disorganized - and we don't
have not performed any vital
functions for some time. An
inspection of this kind may
save the character and peace
of a woman whom society
would otherwise denounce
a common harlot. When
a dead fetus is aborted or
but little hemorrhage fol-
lows - the vessels supplying the
child have become nearly or
quite obliterated. The diag-
nosis of abortion during the
earlier months is difficult.
All the discharges of abortion
should be saved for examin-
ation for by this means we
can learn whether or not the

blood has been discharged in
etc. This accident is more dan-
gerous during the 4th & 5th months
than at any other time - the
placenta and membranes
are then most likely to be re-
tained. Haemorrhage is ap-
proximately increased in cases of Accidental
Abortion - in fact this is the great
danger to be dreaded - Abort-
ion from Small Pox - Encephalitis
and the like, is very fatal -
One abortion predisposes to
another. Treatment. Pro-
phylactic - Such to lessen Pleth-
ora - general or local bleed-
ing may rarely be necessary -
Opium should always be
given in threatening abortion -
and given largely - sometimes
separation from the Husband's
bed - In the case of Anæmia

Simpson - Butterfines - Friction of the
Excess of Shared Syphilis in the
spreading cause it should
if possible be eradicated before
for another pregnancy. In cases
of disease of the womb but little
can be done by treatment happily.
In Fatty degeneration of the placenta Dr. Simpson has recommended
the Chlorate of Potash. In making
up our minds what to do in
the case of actual abortion it be-
comes necessary to mark its stage
and the amount of detachment.
If the child be already dead
its expulsion should be assist-
ed. This may be done by the use
of Ergot. The stage of abortion
may be known by noting the
quantity of blood lost in a short
time, and the degree of dilation
of the os uteri. The hemorrhage will

be in proportion to the detachment
of much blood has been lost gradually.
the time of abortion must go on. we
therefore give now admixture
of R Vinum Ergot. ff
S. every hour.

The great remedy for haemorrhage
connected with abortion is the
Tampon. It is not only useful in
stopping the flow of blood - but by its
irritation it causes dilatation
of the os uteri - and uterine
contraction. The Tampon we
do not use until we have fail-
ed in stopping the bleeding by
external applications of cold
and cold vaginal injections.
When using the Tampon dur-
ing abortion of the 4th or 5 months
we must be sure not to upset
the membranes of the
Placenta and membranes

are retained we must, if the dilatation of the os. uteri will allow it, remove them.

Lecture No. 14.

The Umbilical cord is liable to several abnormal conditions. I exhibit to you a specimen of a cord that twisted into a figure of 8 knot. This was made spontaneously by the movements of the fetus in utero. This specimen is very rare. The cord was unusually long thereby enabling the child to move to any extent at will. Sometimes the cord becomes wrapped around a limb and it may amputate it. The proper subject of this afternoon lecture is the Treatment of Abortion. If we find that the Cervix uteri has become con-

tinuous with the cavity of the uterus, and that the Dr has dictated that it will be bad treatment to seek to prevent abortion - A cloth wrung out of cold vinegar and placed upon the lower part of the abdomen, seems to exert a happy influence in stopping uterine hemorrhage. The form however should not be used until we have made up our mind that there is no longer any hopes of saving the ovum. For from its irritating and stimulant effects it causes undoubted contraction of the uterus. Having ascertained that it is possible to prevent abortion already begun, we will take the following measures - Rest and Opium given largely. We may administer an injection of Sanguinum gtt C. After

Abortion the patient is to be treated as she would be after a natural delivery. Next we will consider Molar Pregnancy. A true Mole is always a degenerate product of conception. False Moles, so called, are generally the exfoliated mucous membrane of the uterus a dysmenorrhoidal product at other times they consist of partially organized clots of blood and lastly they may consist of a collection of squamous epithelium from the vagina. The body of these moles frequently resembles foeces of some of the lower animals. This fact explains why the ancients thought that a woman sometimes became pregnant by such animals as the dog or the goat &c. Hydatid Moles. These are

very dangerous. They are formed by a degenerate development of the villi of the Chorion. They resemble a bunch of currants - each one of which, very looking bodies, is filled with a watery fluid. These Hydatids develop enormously and with great rapidity. They sometimes distend the uterus as much, and it may be, even more than a child would. But the enlargement of a uterus filled with Hydatids is more spherical and not so pear shaped as it would be from pregnancy. A woman having Hydatids may suppose that she is healthfully pregnant until she observes a discharge of a watery fluid mixed with blood. This fluid is produced by the bursting of some of the vesicles. On ex-

examining the fluid discharged from the vagina - we may sometimes find one or more of these visible - finding this there is no doubt but that the woman is suffering from an Hydatid pregnancy - The absence of foetal movements - and failure in hearing the beats of the foetal heart, would be additional signs confirming the diagnosis. Treatment - This must not be expectant - nature should not be left alone - the Hydatids must be removed - and that too all of them - In order to do this the Cervix Uteri must be dilated with a sponge tent - when this is done sufficiently a finger & Uterson sound may be introduced and the growths removed. Fleshy Molar must be treated

as abortion. If they are commu-
ned with a passive hemorrhage
the Cervix should be dilated
and the Meols removed.

Extra Uterine Pregnancy.

Ovarian - Ovaro Tubal - Tubal
Ventral - Interstitial - Cervical

or ruptured or whole Lecture No. 15.

No matter at what place the ovum
develops there is a sort of membrane
decidua formed. Should it live
long enough a Placenta will form.
Finally this developing mass bursts
the walls of its enclosure and falls
into the abdomen. The ovum may
die and the body form a harm-
less abdominal tumor. Should it
die very early it may become absorb-
ed - or it may be cysticled. The mass
may be thrown off by an abscess.
Tubal Pregnancy is the most com-
mon and the most dangerous.

Intestinal Pregnancy is very rare.
Diagnosis of Extra Uterine Pregnancy.
It is difficult. There is no sign whereby it might be known to exist before the 3rd month. The Rupture of the cyst is sudden and without any premonitory symptoms. The condition afterwards is that of collapse, and the woman usually dies within a few hours. Treatment. Very unsatisfactory. Stimulants and Opium. Wise Labor. Those cases in which the child is not born but is discharged at intervals in pieces. This accident is very rare. Dr. Penrose has never seen a case of it. Treatment. Assist in emptying the uterus. Prof. Penrose states the following incident. There was a colored woman supposed to be pregnant,

under the care of a medical friend,
who injured herself while reaching
me into a pork barrel. This brought on
apparent threatened abortion which
was relieved by opium. subsequently
her labor began again. and was check-
ed only to be resumed. Many bones were
sent to Profs. Pinoe and Hodge as ones
which the woman had discharged.
They were referred to Prof. Lucy who pro-
nounced them to be bones of rabbits and
squirrels. The woman having tickled
the Dr. so that she might have him hand-
around her. Labor Pregnancy begins
with conception. it ends with labor.
The pregnant woman "with distended
belly, with aching breasts, and with throb-
ing heart, looks forward with mix-
ed feelings of joy and dread to that
time when Nature will ease her of her boy-
ois load." The common length of preg-
nancy is 280 days. The French law re-

gards a child as legitimate if born
180 days after marriage or within 300
after the father's death or absence. It
is not possible that a child can
live which is born before the 6th month
nor can it be legitimate if born after
the 11th. month. Then are some in-
stances in which a full grown
healthy child is born within 3 or
4 months after marriage. Prof.
Purser acknowledges that his phys-
iology cannot explain this. He
gives an instance however in which
a woman's ingenuity could. He
says a man named Barry of whom
he knew something, became mar-
ried. At the end of the third
month his wife presented him with
a fine, healthy full grown child. Bar-
ry was very much surprised and
appealed to his wife for an explanation.
She said "and sure Barry you're

been married to me for 9 months." Barney said "Yes." "Well Barney, our honey, its 3 months I've been married to you." To this Barney assented. "Well Barney, our honey we've been married to each other 3 months, and its your self will tell us that three 3 months make 9 months."

Barney's misgivings were silenced. From experiments on the lower animals seem to show that the age of either father or mother influences the lengths of gestation. Male children are generally carried longer than female. In computing the time when labor ought to set in, add 280 days to the time at which the last menstrual discharge disappeared. In those cases in which a woman becomes pregnant while nursing, and therefore not menstruating, we must date from the time at which quickening takes place. in doing this we

added 5 months to the period of quickening. Why does labor take place at the end of 9 months. One of the old authors taught that "it happened by the Grace of God" now this is pious but not philosophical. Some believe that it takes place because of the ripeness of the fetus. Others say that it happens in the stead of what would have been a menstrual period. Prof. Ponrose believes that it occurs at the 10 month or the ^{as the name} month on account of the ripe condition of the fetus and the fatty degeneration that the Placenta undergoes now that it is no longer needed. When this condition exists it only requires the menstrual storm to pass at which time the ripe product is separated from

its parent stem is taken from
the Human Lecture No. 16

If the Mental storm alone is not sufficient to cause labor, any exertion a long walk or anything of that kind would bring it on. Efficient Causes of Labor. - The Ancients

thought that the child by its kicks and struggles caused its expulsion. So far from this being the correct view, it is in a state of profound stupor during most of the time of labor. The contractions of the uterus are the apparent causes of parturition. This may be proved by putting the hand upon the abdomen or within the vagina, during this process. These contractions are perfectly involuntary. They will go on when the woman is comatoso or asleep or under the influence of Ether.

The nervous system has a powerful influence over labor pains notwithstanding. The very presence of the accoucheur will sometimes make a labor tedious by calling off the nervous system from its proper work. This is a practical hint.

Music, fear, and induce any emotion has an indirect influence upon the contraction of all the hollow viscera. The music of the Bag pipes is notable for this. Dr. Penrose had a number of friends listening to this music once, in all of whom the urine was voided. He also had a Chum at College who could not pass his water when any one was looking at him, so, should he happen to be in a mischievous mood when his friend desired to urinate, he would say "Bill I'm looking at you." and to save his life Bill could not pass his

water. And last, but not least he
had a vindictive country friend who
had never been to the Opera. Upon
going to hear Don Juan he was very
much frightened at the spirit scene
two-and-a-half hours. The sphincters of
his Bladder and Rectum suddenly
gave way giving vent to sulphuric
and hydrogen which the neighboring
ladies supposed to be from the devils
on the stage. There are two kinds of utero-
vaginal contractions. Tonic & Spasmodic.
Tonic contractions are slow and
due to uterine elasticity. These do
not expel the child nor do they give
the mother any pain. Spasmodic
contractions are commonly known
as "Labor pains". This pain is not
continuous but is ^{not} the consequence
of the contractions. Dr. Penrose
delivered a woman in his first
labor who had not the least pain.

Madam Boivin says that the pain
is due to the dilatation of the os. others
think it due to the destruction of the
walls of the uterus, while others con-
tend that it is due to the disten-
tion of the outside soft parts - prob-
ably all combined cause the pain.
These Labor pains are intermit-
tent - this is essential to the life of
the child and mother. Signs of
Parturition. First we notice that
a woman gets smaller about 10
days before labor sets in. This is due
to the subsidence of the uterus - and
this subsidence is caused by the
descent of the child's preparatory
to being delivered. This may hap-
pen suddenly or gradually - This
is a good sign, especially in Pari-
miposal for it tells us that the
bony Pelvis is large enough to
allow the child to be born. The

former pressure exerted on the liver and other superior organs is relieved, but that upon the pelvic organs is increased. It may become necessary to use a catheter. The secretions of the vagina are increased, and the articulations of the Pelvis become somewhat relaxed. Labor is divided into 3 stages. The first is that of dilation of the os uteri. The second is that of the expulsion of the Child. The third that of the delivery of the after-birth. Labor begins with pain felt between the Umbilicus and the Os Pubis. This is "a come and go" pain. Irritation of the Bladder and Rectum are other signs of the first stage. This is shown by frequent desires to go to stool, and a tendency to urinate. These symptoms are caused by pressure of the Child's

head and sympathetic irritation,
caused by pressure upon the nerves
distributed to these parts. Nausea
and vomiting are other signs of
labor. These are good symptoms.
Nurses say that a sick labor is an
easy one and they are generally
right. This nausea and vomiting
is sometimes excessive. Dr. Penrose
relates a case of a huffy frightened
husband who begged him to come
and see his wife who he was sure
had Cholera from her extreme vom-
iting. He went and relieved her
of a baby. A woman usually
shakes and has rigors at the be-
ginning of labor. All these symp-
toms are those of nervous irritation.
It is to be expected then that she
shall be very uncomfortable and
frequently frightened. She will

often exclaim "I'll never get through
this." This stage is perfectly charac-
teristic of the first stage of Labor.
There is an increased secretion
of mucus as labor progresses.
This mucus is frequently tinged
with blood. The first mucus im-
peded with blood the nurses call
the "Show." Pains at the begin-
ning of labor are various. The
length of this stage is variable
ranging from minutes to days.
A soft and moist os dilates in
a shorter time than one which
is hard and dry. The mem-
branes sometimes rupture before
the os dilates at all. At other they
do not rupture until the process
is far advanced. When a Child
is born with a piece of membrane
covering its head it is said to
have a ~~over~~. During the sec-

ond stage the woman bears down powerfully her heart beats rapidly. This violent heart action causes confusion and it may be harm or ^{danger} At every pain the head of the Child proceeds and when the spine crashes it recedes again. During this time the woman is in great agony not unfrequently expressing passion sometimes curling the day she was born. At last the resistance is overcome and with a terrific pain and a wild shriek the child's head is born. Next the body is expelled. Now the woman falls back utterly exhausted and amid pants and sobs of gratitude she gives vent often to the most hideous feelings which the sympathizing ear can be called upon to hear. Thus closes the second stage of Labor.

Lecture No. 1st.

The os uteri dilates very slowly at first - after it has become pretty widely opened the membranes protrude - and form what is known as the Bag of Waters. At length the Bag ^{with} ruptures and the liquor Amnii is discharged. This closes the first stage of labor. Prognosis of this stage. There is no danger for either the mother or child - even if this stage should be greatly prolonged. The second stage now begins - spasmodic pains set in. These pains are connected with contractions which are peristaltic, beginning at the os gradually reaching the fundus. This kind of contraction is believed to be necessary to the proper decenton of the child's head. Bearing down pains are entirely automatic. The sec-

ond stage is short and decisive.
it is also the dangerous stage -
If the 2nd stage be much pro-
longed the child may become hy-
poxiated simply from the pres-
sure which the uterus contract-
ions exert upon the vessels of the Pla-
enta - or the umbilical cord
may have its circulation interferred
with - and lastly the child may be
destroyed from continued pressure
upon its brain. It is dangerous for
the mother on account of the liability
of hemorrhage - lacuation & exhaust-
ion - The 3rd stage is that of
separation and expulsion of the
"after birth" dangerous to the Mother
from the probability of hemor-
rhage - Treatment. When call-
ed upon to attend a case of labor
go immediately - Upon meeting
the woman about to be confor-

ed - seek by proper deportment to gain her respect, her esteem and her confidence. When attending a woman in labor be sure that your hands are chemically clean and pure. They may be made so, by taking a piece of the Cyanide of Potassium about as large as half a pea and dissolving it in the water used to wash in. This washing should be repeated several times if the hands have been manipulating morbid materials. Care must be taken in the use of this solution as it is poisonous.

Lecture No 18

When about to make a vaginal examination - place the woman on her left side - with her thighs flexed. The Accoucheur's arm should be covered with a towel - Before

making an examination the
fingers must be anointed with
some oleaginous substance gen-
erally Lead - but where there is
any disease - such as syphilis a
more consistent ointment is pref-
erable - in these cases Simple
water will be found more protective.
The Touch is the art by which we as-
certain the condition of all the hard
and soft parts of the woman which
enter into the qual function of Re-
production. This Touch is made
either within the Rectum, the Vagina
or Uterus - or upon the Abdomen.
By it we ascertain the character,
situation and volume of any ob-
struction which might interfere
with the process of Labor. In
cases of qual anterior obliquity
of the Uterus - or when the woman
may prefer it - it is advisable

to let her lie upon her back during labor. Sometimes it becomes necessary to make a vaginal examination when the patient is standing upright. It is common to place the woman on her back when the Ileum sound is to be used. Previously to introducing a Speculum it should be warmed and lubricated.

False Pain-
Pain in other organs - may be
Natalgia - Rhumatic pain may
simulate true ones. True Pain-
A True Pain may be diagnosed
from a false - by its position - it
will be applied to the region of the
Umbilicus - but a vaginal examin-
ation will leave no doubt as to the
kind of pain - the uterus may be felt
contracting at every True one.

While making a Lecture No 19.
While making a vaginal examini-

ation we can discriminate the Bay
of water from the child's head from
the fact that it becomes tame during
a pain - whereas the head remains
hard and unwilling all the time.
During the first stage of Labor the
woman should be up and about - her
sufferings should be made light of
her diet need not be restricted.
At the outset of Labor she may
wear her wrapaper - but as the
process becomes pretty well de-
veloped - she should put on her night
dress - over which she may put her
wrapaper. If the first stage be
much prolonged the patient
should have some sleep. She
must not be allowed to go over
24 hours without having any
rest. Morphia may be given.
If the woman should be much
troubled by excessive vomiting

a mustard plaster placed over
the Epigastrium - and some Aro-
matic Spirits of ammonia given
internally will prove useful.

Care should be taken that the
bowels are not confined at this
time - and above all the Rectum
should not be allowed to become
impacted. To relieve this first con-
dition - a good dose of Castor Oil may
be administered - an injection of
tipped water will remove feces body-
ed in the Rectum. When the bag
of waters protrude the woman shd.
be put to bed - for instances have
happened in which the child has
been killed by being dropped upon
the floor from the Mother's Vulva -
in consequence of her having been
Kept from bed too long.

Lecture No 20.

At our last meeting we gave our

attention to the first stage of labor we now pass to the second stage. We have said that at the latter part of the first stage it becomes necessary to put the patient to bed. The woman must now have something to pull upon. a stout stick to the bed post will answer the purpose. sometimes the woman prefers the hand of an assistant, which will supply the place of a bed post. but who would not gladly stand at the feet of supporting beauty? ^{and} Plenty of sand, and a good supply of towels must be on hand. The woman now gives away to the throes of labor. These give an instance of reflex action. for when motion and even sensation are suspended they go on. The throes being reflex do

not fatigue the patient but very little. The woman arrests these contractions by her voluntary bearing down efforts. Sometimes in the midst of a severe pain the woman will cry out. This is not voluntary but is reflex. It acts as a safety valve - for by this scream the voluntary efforts are suspended. She is at a loss so far as these go is taken away and the danger of laceration is reduced. Sometimes the woman cries more frequently than she should - and vice versa. The Accoucheur should direct this. Should the os uteri be widely dilated and should the Bag of waters remain "in tact" it may be ruptured artificially. This should be done at an interval of a pain. By doing it during a pain, Pro lapsus of the cord may follow.

as a consequence. When sup-
porting the Bag a sheet or large tow-
el should be placed under the
woman's hips in order to absorb
the Liquor Amnioticum. When the
child's head presses upon the
lower part of the Rectum the
woman has the sensation of want-
ing to go to stool. This is genera-
lly only a sensation - but
should it not be - a towel may
be put under the woman, on
to which she may evacuate
her bowels. This prevents all risk
incident upon moving. In sup-
porting the Primum the bare
hands should be used. By the
hand we support only by rend-
ering more tardy the expulsion
of the child. After a labor pain
is over the head recedes. Then
lard must be generously applied

bosk to the child's head and the
lubricia. This is cooling as well as
lubricating. At the instant the
head is born we must ascertain
whether or not the cord is wrap-
ped around the child's neck.
Should it be - the most yulld-
ing portion must be drawn
over the head. If this cannot
be done it may be so extended
as to allow the shoulders to pass
through it. Should this be im-
practicable the cord must be cut.
When the child is born it must
be placed upon its right side
near the woman's genitalia.
its face looking away from them.
lest a gush of discharge suffocate
it. Care must be taken when
placing the child that the cord
be left long. Now the seconch-
evis' hand must be placed

upon the woman's naked abdomen and friction made this excites uterine contractions. It is a medical question whether or not to give Chloroform or Ether during labor. They certainly relieve pain and produce relaxation, but they also lessen uterine contractions. Ether should never be given during the first stage of labor. It may be employed when the os uteri is widely dilated and the head is pressing upon the soft parts and when the pains of labor are frequent and prolonged. Primipara generally bear the administration of Ether better than others. Ether may be employed either as a placebo or in order to get its full and positive effects.

is preferable to Chloroform.
It should be given only during
a pain.

Lecture No. 21.

During the 3rd stage the uterus contracts and squeezes the Placenta off of its walls - and these contractions continuing it is expelled from the uterine cavity. Sometimes the Placenta is detached before the birth of the child. This allows "accidental haemorrhage". Other things being equal the Placenta will be expelled earlier in strong women who have had seven bearing down pains. Should there be a delay in the expulsion of the Placenta the Accoucheur should remove it artificially. Whenever the Uterus is firmly contracted & whenever the Placenta is full

either at the mouth of the uterine or in the upper part of the vagina. The "after birth" should be removed. In removing the Placenta we must have the assistance of the woman's bearing-down efforts. traction may be made upon the cord but this must always be in the direction of the axis of the superior strait. When the Placenta has been brought to the mouth of the vulva traction should be stopped and it should be rotated. This movement will twist the membranes and insure all of them being withdrawn at once. After the Placenta and membranes are delivered the hand must be introduced into the Vagina and clots removed if there be any. By holding the hand open at

she at uterus and directing the woman to strain the clots out. Tamed within the uterus will be expelled into the hand, and they can be removed very readily.

Inertia of the Uterus may complicate the third stage. In Nature by causing contraction has cut off the supply of blood to the Uterus before the Placenta has been detached. The Diagnosis of Inertia may be readily made by placing the hand upon the abdomen and failing to feel the uterine tumor we may suspect Inertia. Treatment.

Friction over the abdomen with the raw hand. A glass of cold water or pieces of ice given to the woman to eat. Enlarged Placenta may complicate the third stage. In the case

of twins or triplets the Placenta
should not be delivered until all
of the children have been born. In
making traction in these cases
it should not be made upon
both cords, but upon one only.
Paroxysmal Contraction is some-
times a complicating accident.
In many cases of this there is mor-
bid attachment of the Placenta.
When the internal os contracts
we have what is called "hour
glass contraction" of the Uterus.
Treatment. Some recommend
Anodynes others Ether but both
of these plans are improper. This
condition should be treated just
as abnormal adhesions. The
hand should be introduced in-
to the Yagmū and the contracted
os will be slowly dilated and
the adherent Placenta removed.

entire removed Lecture No. 22.

Labor complicated by Morbid adhesions of the Placenta. This is generally due to chronic inflammation of the Uterus. Rainsbotham says that this condition is usually caused by a blow or fall or some such accident. At other times it is brought about by coagula which become partially organized and form a connection between the uterus and Placenta.

Diagnosis. Easy. If a portion only of the Placenta be detached haemorrhage must follow. Treatment. Should never be left to Nature. Trac-
tion upon the Cord may be made if
by the uterus be contracted. Some-
times ice cold water is injected into
the umbilical vein. This comes in
direct contact with the uterus and
brings on severe contractions. besides

This it adds to the weight of the Placenta
and thus aids in its separation. The
only reliable treatment is to intro-
duce the hand into the uterus gradu-
ally detaching the os and remove
the placenta slowly from the uterine
walls. While this is being done the
other hand should be making friction
in upon the bare abdomen. The
Placenta must not be withdrawn
suddenly but gradually while friction
upon the abdomen causes the
uterus to contract and force the
hand and Placenta out together.
In very rare instances the whole
of the Placenta cannot be remov-
ed. These cases are very danger-
ous. Impending fever is likely to
follow. Inversion of the Uterus
Almost always caused by injud-
icious traction made upon the cord.
We may have three degrees of

Inversion. - In the 1st the fundus is a little depressed - in the 2nd the uterus is partially inverted in the 3rd it is turned wholly wrong side out, and is seen between the woman's legs. By percuSSION up, on the abdomen and ascertaining the presence or otherwise of the uterine tumor will under the diagnosis clear. Treatment. - Simple depression of the Fundus may be easily remedied - pass the hand into the uterus and push up the depressed part - When it is wholly inverted careful manipulation will usually succeed in returning it. In these cases put the woman wholly under the influence of ether. This accident of Inversion is more apt to occur again when it has once taken place. Post Partem Haemorrhage. - This is the

us is taken by surprise - by its
hasty evacuation. Cold is the
proper remedy under all cases
of uterine hemorrhage - but
should it fail we must resort
to other means - and the always
may use or hand - one should
be placed in the uterus and the
other making friction upon the
naked abdomen. The Pro-
cess Charlotte lost her life by her
Accoucheur being afraid to put
his hand upon her bare person.
Be not dismayed then and
do not hesitate to put the hand
upon the naked abdomen of
our American girls. Cold is
another remedy. If this is to
do good it will do it almost
immediately - and therefore if
it is not efficient immediately
by it should not be ruled up.

on. Ice may be used both upon
the abdomen and also in the
uterus. Cold water injected
into the vagina and rectum
may be resorted to. Dr. Marshall
recommends the cold douche.
A Dossil of cloth or a sponge wet
with Vinegar or a peeled lime
or passed up into the uterus
Prof. Penrose says in his hands
has always been an efficient
remedy for Post Partum Haemorrhage.
It has never failed.
Suppose however that it were
to fail. Some French Authors
advocate the use of the Thompson.
but by employing this we merely
conceal the haemorrhage -
by causing it to be retained still
in the Uterus cavity. we in fact
imitate the Ostrich who hides
its face from the danger but

Takes no means to ward it off. Com-
pression of the Abdominal
Aorta may be used as an
adjunct to the other modes
of treatment. Some other plans
have been suggested which must
be referred to. Transfusion of
Blood has been resorted to in
a number of cases in England.
As a last resort it may be em-
ployed. Opium has been rec-
ommended by some English
authors. Dr. Bedford has used
Tincture of Opium in large doses
After Haemorrhage has been
stayed a bandage should be
immediately applied as tight
as around the abdomen as can
be borne. The woman's head shd.
be kept as low and even lower
than the level of her hips. Opium
must now be used for it reduces

nervous irritation.

R Fincl. Opn. gbs. & li. ord.

may be given. Warm whey or milk punch, and as much animal broths as the stomach can bear must be given. Iron should be taken. There is always a tendency to collapse after haemorrhage, so Ergot should be given even when the bleeding has been stopped. This sometimes happens what is called Secondary haemorrhage. This is due to a sort of secondary irritation which allows a clot to form and distend the uterus. The Treatment must be run over the coagula or membranes and then excite contractions by the usual means.

Lecture No. 24

Treatment of both Mother and Child

immediately after delivery "Here
is a dirty slimy grizzly little
thing by the side of its Mother". Its
Placenta is of no further use to
it for it now respires freely. The
lower animals from instinctual
The Placenta from their new
born offspring. We look at the
infant's first cry as the sign telling
us that their Placental connect-
ion may be severed. and when
it occurs even though the cord yet
pulsates it may be ligated. In
applying the ligature to the cord
it is advisable to first take the
child from under the sheets that
no error may be made in the op-
eration. An ordinary Run of
home spun thread forms as good
a ligature as could be needed.
This should be applied at a-
bout three fingers breadths from

the surface of the abdomen. Some recommend that two ligatures be applied. This is not necessary except in the case of placental twits. Then it is well to do it as the Placenta may be connected with each other. The ligature being applied and the cord cut. The child must be delivered to the nurse who receives it in a flannel cloth. In handling the baby care must be taken not to let it fall for it is very slippery. The slimy substance upon the child is a sort of sebaceous matter which is soluble in the animal oils and albumen. Lead is probably the best unguent that can be used. This may be applied by rubbing with a cloth saturated in it. This rubbing does the infant good. After this the child

must be washed. Its mouth
ears and eyes should first be
cleansed while it is yet wrapped
up - subsequently it should
be put into a warm bath and
thoroughly washed. This is bene-
ficial by stimulating the skin. The
dressing for the umbilical cord
consists essentially in the employ-
ment of an absorbing material.
A piece of old muslin - cotton -
doubled once or twice with a
hole cut in the middle may
be used. Dr. Duvels recommends
a narrow roller bandage.
Some Nurses take a piece of a
cloth and burn it slightly - by
doing so carbon is generated
and when applied as a dress-
ing to the sore it absorbs the
odour that is developed while
it is suppurating. Next the

Binder commonly called the Belly Band should be put on the child. Care should be taken that this be not applied too tightly. When the cord has separated this Belly Band may be dispensed with. This separation leaves a little ulcer if this should not heal readily some astrigent wash may be employed to stimulate it. Care must be taken that the child is warmly enough clad. It is not advisable to have it wear a cap. Its first meal may consist of one or two teaspoonfuls of sugar and water. This will be sufficient at first as soon however as the mother is comfortably fixed the child must be put to her breast. Sometimes the child presents an asthme com.

dition - The most common cause of this is premature delivery. Such a Child will not cry, but gives labored moans at long intervals. It will be bluish especially at the extremities and cold. Sometimes these asthmatic children are not strong enough to bear a washing - if it be strong enough the bath must be quite warm and undressed more stimulating by the addition of some spirit. care must be taken to keep such a child sufficiently warm. Sometimes children are born apparently dead - their respiration does not begin - it may be mortally pale - or it may be red and swollen. In the Asphyctic condition the child will be red and swollen and

Frequently bluish spots will be found
on various parts of the body. If
it should die and a post mortem
examination be made, the brain
will be found to be engorged with
blood, and there may be effu-
sion within it. Anything which
will Asphyxiate the child will
cause this condition. Toulaps-
sus of the Cord or premature de-
tachment of the Placenta are ex-
actly causes. Treatment. Re-
move the congestion - and ap-
ply smthg stimulatory to the
Isthmus Oblongata - If the
Asphyctic condition be mark-
ed we may bleed. This may be
best done by allowing a little
blood to flow from the Cord.
There is another condition
which the child may pre-
sent and that is one of Syn-

asphyxia or Simple Asphyxia will
be the words of Prof. Hodges. In
this condition the child presents
no evidence of life - it is death-
ly pale. Simple Asphyxia
is caused by anything which
gatyses the child - a protracted
or severe labor may bring
it about. Treatment. In
this condition, as in the last
one we may put the baby in
a bath of hot water - say 105° and
upon taking it out sponge it
with cold water - and then replace
it in the hot water. Slap the nates.
Supply artificial respiration
either with a quill put into the nostrils
or by Marshall Hall's
method. Sometimes the child
head from pressure due to pro-
tracted labor will be very much
misshaped - this must not be

maddled with - for nature will
unmadd it in good time. At
times the Child's scalp will pre-
sent a bloody tumor called
a Caput Siccum. This
must not be interfered with
for subsequently it will disap-
pear spontaneously. The Child
having been washed and dressed
should now be allowed to sleep.
The sheets should next be chang-
ed, and the woman made com-
fortable by the attentions of the
Nurse. The best material for the
Bindir to be made of is common
unbleached muslin $1\frac{1}{4}$ yards
long, and broad enough to reach
from the Trochanter to the false ribs.
This should be applied by the Accu-
shur. The bindir should be passed
from the top towards the bottom - it
is sometimes well to put a com-

press under it. By pinning from
the top the intestines are pressed
upon the uterus. The nurse should
put a towel under the Gentials to
catch and absorb the Lochia. Should
the woman tremble or feel chilly it
will be well to put a hot brick
or bottle to her feet.

Lecture No. 35.

Before leaving our patient it is
always advisable to request the
nurse to look at the patient and
examine carefully the condition of
her pulse. Now the woman in
this Puerperal state. She has
a feeling of lassitude mingled
with fatigue which always fol-
lows healthful muscular action
and she falls into a gentle sleep.
The Puerperal woman generally
perspires. This is physiologic,
and not pathological.

Her nervous system is in an ex-
alted condition. She must there-
fore be kept quiet and not allow-
ed to receive company. The Puerperal
woman sometimes has difficulty
about her bladder - but this is not
general. Her bowels are gener-
ally constipated - so it frequently
becomes necessary to give her Senna
Oil. The abdominal muscles have
been greatly distended and they
never will return to the condition
which they had in the Virgin state.
This is equally applicable to the ex-
ternal genitals. The uterus since
it has been employed contracts and
presses from its walls the blood
contained within them. This
discharge lasts generally until
the mammary secretion is estab-
lished - it then intermits but comes
on again soon after the woman

has her milk R. should the woman
an not nurse her child this
discharge will generally last
until the next menstruation.
The character of this discharge after
the milk secretion has been establis-
hed is changed it is then bloody m-
ucus. This emission is called
the lochia. from a Greek word
meaning woman in child bed.
The lochia may be very offensive.
This is generally due to a retain-
ed piece of membrane or a lack
of maturity in the woman or in
her muscle. After Pains are due
to paroxysmal contractions which
have for their object the expulsion
of coagulates from the cavity of
the uterus. Women who have
imperfect contractions are often-
ly to be troubled by After Pains.
After Pains generally disappear

with the establishment of the de-
cubition of Milk Diagnosis
It must be remembered that
After Pains are paroxysmal. They
cause an increased flow of the do-
cubial discharge. After Pains are
not increased by pressure and
with them we find no constitu-
^{constitutional} tional evidence of inflammation
On the 3d. day after delivery the
breasts are hot and swollen and
have a prickly sensation. Now
begins the secretion of milk. The
first milk is called Chelatum.
This is thick and abundant in
butter and sugar which act as
a purgative taking off the Moco-
num. The woman after de-
livery is frequently irritable when
she presents this condition And
yours Trophic Should be given
Opium is indeed an invalid.

the midwifery in the Child Bed.

B. Morph. Sulph. gr. ij

Spir. Aeth. Nit.

G. fl. Ext. Val. a. a. p. f. j.

If the Labour be excessive we may give some of the Wine of Ergot and tighten the Bands. Should this not be sufficient the hand must be introduced into the uterus and remove any coagulated or piece of membrane that may have remained behind. If the after pains be severe, a large flannelled poultice applied warm to the lower part of the abdomen, covered with oil silk will prove useful. It will be well to examine the changes which the uterus undergoes. This organ is composed of Embryonic fusiform fibro cells. When pregnancy takes place, these cells

undergoes wonderful hypertrophy,
and to them is due the great
strength of the organ at the time
of delivery. After labor this en-
larged uterus, now weighing
2 pounds, undergoes a sort of
fatty degeneration and it may
be that the milk is rendered more
sick by this means - & at any rate
it is eliminated through the se-
veral mammary ducts. The old uterus
actually dries. During parturition
the uterus is the child's胎盤
nucleus - the child coming from
it is a being of advancement.
it has left as it were, its fleshy
body. Is there not a wonderful
analogy between this, and death,
corporal death, followed by the
resurrection.

Lecture No. 36.

Sometimes the lochia appears

after they have once ceased. This is generally due to some strain. This exertion causes compression of the uterus, and therefore there is a return of the discharge.

Treatment. Rest. Purge. Some one of the salts of Iron. Plethora, which may cause a prolonged lochia discharge may be remedied by purging. After Pain, are sometimes due to an irritable condition of the uterus. When this is the case Opium is indicated. In those cases where there is a difficulty in passing water, it is occasionally necessary to employ a Cathart. But many nervous women will suppose that they cannot urinate when they really can without any

differently: in these cases, give some placebo, merely to act upon the imagination, such as.

R. dig. Morph. Sulph. gr. $\frac{1}{2}$
Aqua $\frac{1}{2}$
H. S. $\frac{1}{2}$ every 3 hours.

Upon the third day, the woman should take Castor Oil $\frac{1}{2}$. This will prevent a too hasty development of the Mammary glands. The diet should be strictly pharmaceutical for 6 days after confinement. Coffee is as good as Tea for the purpural woman. Should the woman have Milk fever, nervous irritation should be lessened.

R. Morph. Sulph. gr. $\frac{1}{2}$
Spir. Aeth. N. t.
Fl. Ext. Val. ad apic. $\frac{1}{2}$
H. S. $\frac{1}{2}$ 3 times a day.

Another very good prescription

is.

R

Morph. Sulph or grt

Mistura Potas. Cat. 300gr

S. Bss every 4 hours.

When the milk runs sluggishly,
(due to its being too thick) causing
pains in the Breast - it may be
well treated by rubbing the breast
with hot lead. Chapped Nip-
ples. Nothing is more annoying
to the lying in woman. Mothers
will sometimes nurse with tears
in their eyes, owing to the pain
caused by the baby's traction on the
livid nipple. To obviate this it
is well to prepare the nipple
some 2 months before the child is
born. This may be done by fre-
quently bathing them in a
saturated solution of brandy
and alum; or Brandy and
Borax. Brandy and Tannic

acid. The nipple should always be moistened when the child is to suck it, may be soaped with a sponge wet with water and ^{Castile} Castile soap. A good astringent wash for sore nipples is to pour one glassfull of hot water into which is put 2jij of Green Tea to which may be added a little Brandy. It is sometimes well to put a poultice of Slippery elm, upon the nipples and once or twice a day apply a solution of Nitrate of Silver with a Camellia hair pencil. The Nipple Shield is occasionally useful. When the nipple is very sore it is necessary to take the child from the breast, and allow it to suckle the other one only. Mrs. Phoebe Bailey's breast pump, or the monthly nurse will

Keep the Breast empty. Mam-
mary Abscess. Most generally
they begin in the follicular por-
tion of the gland - at other times
they originate in the connect-
ive tissue. Malformation of
the nipple is a fruitful cause
of Mammary abscess. Nothing
is so often a cause of Postpartal
mania as Mammary Abscess.
Cold is a common cause
of these Abscesses. Symptoms.

Pain in the Breast - and a lump
soon discovered there. Then a
chill followed by fever. Treatment.
Remove the accumulated se-
cretion, and lessen nervous ir-
ritation. The nurse must empty
the breast with her own mouth, for
the young baby is not strong enough
to do the duty. Diet. Purged little
food as possible. Opium - Purging

A very good application may be made by taking Ext. Belladonna 2ss and adding to it enough Syrup to make a smooth ointment.

The Breasts may be frequently smeared with this. Bleeding should not be resorted to.

Lecture No. 27.

Belladonna Plaster acts almost specifically in stopping the Milk secretion. Dr. Pinose has a patient in whom one nipple is absent, having where it should be a depression. When she becomes parturient he simply makes an application of the Belladonna plaster and has her mouthly nurse keep the breast continually empty. By this means one of the breasts becomes dry while the other one secretes milk and she is able to nurse her child. In conclusion

Then we say that Belladonna, Opium
Purgings together with low diet forms
the especial treatment in these
cases. Lancing is insufficient to
the cure. Cold evaporating lotions
and ice are recommended by some
but these means are dangerous.
Sometimes the Abscess will ad-
vance and at length point in
spite of the most active treatment.
When this is evidently taking place
an entire change must be made
in the treatment. Starvation
must no longer be resorted to
but in its stead give a nourish-
ing diet. Quinia and Morphine
enough to relieve the great pain.
When the Abscess points open
it with a thumb lancet. This
must be done parallel to the
Thick tubes. Should more Ab-
scesses form they must be treat-

ed in a similar manner. The Laxatives should be continued - besides other Tonics until the woman's health has entirely recovered. She should be allowed to nurse the baby upon the healthy breast - for weaning the child in our climate at least is hazardous. Now we come to the most terrible disease of the Puerperal State. Puerperal Fever. The lesions are very various - sometimes there are none apparent - at other times the Uterus is found inflamed - with pus contained in its womb. Occasionally the Ovaries are inflamed and softened. Most think that this disease is due to many animal poisons acting upon the Blood of the Puerperal woman. Some times a vitiated state of the ad-

mosphere seems to make the disease Epidemic. When attending some Lymphatic disease - Gonorrhœa - Scarlet fever - Small Pox and the like - or after handling morbid specimens no Physician should take charge of a woman in labor without taking the greatest care to wash from his person all that might prove noxious. A bath should be taken. The hands should be washed in a solution of the Cayenne of Potassium and the clothes changed. First it will be well to consider Inflammation following labor. This may be of almost any organ. Symptoms. Chill - Fever - followed by pain in the organ involved. These acute inflammations generally tend to suppuration or gangrene -

Treatment. Expectancy will not answer. A prompt antiphlogistic plan is called for. In acute idiopathic inflammations of these organs following labor bleeding must be immediately arrested to. This should be general if the woman's condition can possibly bear it. otherwise bleed locally. Opium is after this the great remedy. This allays nervous excitement. It should be given in large quantities. A Mercurial poultice may be given — and a Blister placed over the organ inflamed. dressed with Morphia. A Flaxseed poultice should be put over the whole abdomen. Now we are prepared to consider the symptoms of Puerperal Fever. This may be either or asthenic.

In Typhus cases there is not much pain in the abdomen - it is swollen. Knees drawn up. Stomach very irritable. The appearance of the Tongue is sometimes normal. Frequently the Lochial discharge is stopped at other times it is lessened or made very fetid. In some cases Peritonitis seems the chief symptom. Some have supposed the disease to be essentially Peritonitis. This generally begins 2 or 3 days after confinement. The inflammation may extend all over the Peritoneum - or not.

Symptoms. Pain - over the abdomen. Quick pulse. Generally ushered in by a chill. Inflammation of the Brain - is another way in which this disease may be manifested. In this case the

expression is peculiar. The face has a pinched look - presenting an anxious appearance. Headache and vomiting are very constant symptoms. Sometimes the inflammation goes from the Peritoneum to the Pleura. Another feature of Purpural Fever is inflammation of the Uterine veins with the formation of pus and metastatic abscesses. Some think this the True Purpural Fever.

Treatment. Almost in the acute forms. bleed largely - until the woman is standing until approaching syncope to notice. Ed. Mucilous juice. Flax-seed poultice over the whole abdomen. Opium - In the ordinary form it is not generally advisable to bleed. Opium

In these cases stimulation is
called for - Blisters.

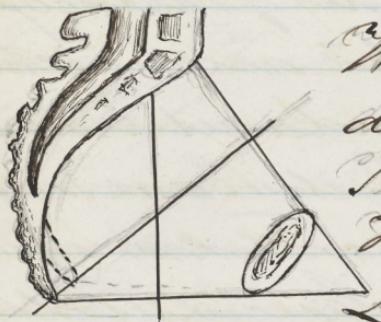
Lecture No. 28.

The Superior strait is the upper opening into the cavity of the Pelvis. In front we have the upper part of the Symphysis of the Pubes - laterally the Linia Illia Pectinal - posteriorly the Ala and promontory of the Sacrum. The Promontory of the Sacrum, when the woman is erect, is about 3 inches and 10 lines above the level of the Symphysis of the Pubes. The axis of the plane of the Superior strait is (when the woman is standing erect) a line drawn perpendicular to this plane and would pass through the point of the Coccyx & the umbilicus. A consideration of this fact is important in

directing the woman to assume
particular positions in labor.
The antero-posterior or conjugate
diameter is 4 inches. The trans-
verse diameter is $5\frac{1}{4}$ inches.
The oblique diameter is 5 inches.
The Infrerior strait is the lower
outlet of the Fibis. This orifice
is very irregular. In front we
have the sub pubic ligament.
Laterally we have the rami
of the Ischia and the Sacro-
al ligaments. Posteriorly,
we have the point of the Coccyx.
All its diameters are 4 inches,
but all the boundaries behind
the rami of the Ileum are un-
able so their diameters may be
lengthened. The Coccyx will
bend a half an inch. The Sacro-
syatic ligaments will stretch
 $\frac{1}{4}$ of an inch. The plain of the

Enferior Strait is such a one as would be drawn from the sub-pubic ligaments to the point of the Coccyx. The Anterior depth of the cavity of the Pelvis is $1\frac{1}{2}$ inches. The Lateral depth - $3\frac{1}{2}$ inches - The Posterior depth is 5 inches. The Oblique diameter of the Pelvis is 6 inches. The circumference of the Superior Strait is $13\frac{1}{2}$ in. that of the Inferior Strait is 12 inches.

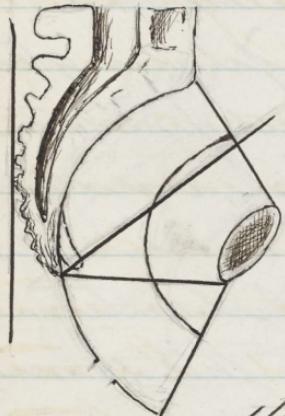
Lecture No.



We have studied the diameters of the bony Pelvis - but the Pecten Magnus and the Iliacus Internus change these. The former arises from the bodies of the vertebra, second under Poupart's ligament and

together with the tendons of the Glacis inserted it is inserted into the lesser Trochanter of the Femur. These two muscles form a soft bed upon which the gravid uterus may rest, for it will be remembered the Uterus almost always falls either to the one side or the other. The apposition of these muscles changes the shape of the cavity of the Pelvis greatly. They alter the diameters especially the Transverse, but by placing the woman in the flexed position they are rendered lax, and are then easily pushed to one side. There is much cellular tissue in the Pelvis, and this sometimes has an abnormal quantity of fat deposited in it. This of course will render labor

tedious. The levator ani muscle constitutes the most essential part of the floor of the inferior strait. It arises from the Pubic bone & pelvic fascia as far down as the Ischium in fact it arises from the whole of the anterior part of the inclined plane of the inferior strait. All the soft parts at the outlet of the pelvis may be called The Obstetrical pinnum.



At the full period of gestation the child assumes a flexed position and is called the Foetal ellipse. The ancients thought that the child assumed this position from instinct. Dubois still adheres to this opinion. Volpeau explains

the fact that the child takes this position by telling us that it is due to gravity, and that as the head is the heaviest part, it descends first. But if we put a dead foetus into a tub of water, we will find that the head does not sink any more quickly than the hips, showing that it is no heavier. The more probable explanation is that the child by its reflex action assumes that position in which it lies with more ease, and owing to the shape of the uterus, in the normal condition it can be best accommodated with its head downwards.

Mechanism of Labor. Presentations, and Positions. In natural labor we recognize but two presentations. Those of the Vertex and those of the Brow.

In the greater majority of instances
as the vertex comes down
and of this presentation, much
the most common (70 out of
every 100) the occiput is to the
left anteriorly. There are
then occipito anterior positions
and an equal number of occiput
posterior positions. The first
is the left occipito anterior posi-
tion - the second is the right
occipito anterior position and
the third the occipito poste-
rior

Lecture No. 39

In the 1st. and 2nd. positions,
after the head has proceeded
some way the nape of the
neck gets under the arch of
the Pubis - the face is now in the
hollow of the Sacrum, and
it describes the arc of a circle

around the nape, which acts as the center, so the child is born in the position of extreme extension. As soon however, as the head is delivered, having lost its support, it falls down into flexion. Theoretically the shoulders have been oblique in the cavity of the pelvis, but when the head is born it rotates, performing what is called external restitution, or in other words the child's neck becomes untwisted. The shoulders now engage - the one getting fixed under the arch, the other describes an arc of a circle around it. The state of relaxation or density of the perineum decides which shoulder shall be first delivered. If it be relaxed the sacral shoulder will be delivered first - if not

the Pubis should be well pricid
the other. In these two positions
(1st. and 2nd) the back of the neck
being anterior and measuring
about an inch and a half in
length will reach from the
plane of the superior to that of
the inferior straits. Therefore the
whole body of the child is re-
tained within the uterus until
the most difficult part of labor
is passed giving the uterus con-
tractions the most effectual
opportunity for expelling the
child. The 3rd position scarce-
ly ever remains as such, but
the occiput glides off the pubis
convoluting it either to a 1st. or 2nd.
position. Theoretically perfect
flexion or extension is absolutely
essential to the possible termin-
ation of labor, when this position

remains in tact. There is no external assistance for the neck is not twisted.

Occipito Posterior Positions.—The "Right" or "Fourth" position is typical of all of them. When the head has reached the floor of the pelvis labor is terminated in one of three manners. In the vast majority of cases it ends in anterior rotation of the occiput. The occiput may however go to the hollow of the sacrum, therefore head then gets beneath the arch. When it does this a great deal of the power of the uterine contractions is wasted, for the length of the child's neck is only $1\frac{1}{2}$ inches, while the posterior depth of even the bony pelvis is 5 inches and the depth of the distended perineum adds another 5 inches,

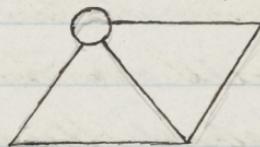
Therefore the occiput must sweep over 10 inches before it will be delivered. Lastly, these positions may terminate by being reduced to a face present, also with the forehead in this case describing an arch. This is rare, and this is rare.

Lecture No. 30.

It is exceedingly rare that these occipito posterior positions of the vertex terminate by becoming face presentations. The 5th position of the vertex is directly opposite to the 4th. The diameters are the same - and the mechanism is identical with it. The 6th position is the one, alogue of the 3rd, and must almost necessarily terminate by becoming either the 4th or 5th positions. Some

times flexion does not begin the mechanism of Labor - but decent may just take place - and then flexion will not take place until it meets with resistance. Sometimes "rotation" does not follow "decent" but it may take place immediately - or in other instances it will not occur at all. Rotation is a consequence of two forces acting in different directions - The one is the force of propulsion - the other the force of resistance.

Occipito Anterior
positions are more



favorable than Occipito posterior positions even when these positions terminate by anterior rotation. The position of the child may be accustomed with some degree of certainty as well

the presentation sometime before Labor begins. If the woman says that she feels the movements of the child high up we may suppose that its feet are high and that therefore there would be a vertex presentation. If in the early part of Labor we find that the 4th or 5th position is to be dealt with, an experienced Accoucheur may turn the head into the 1st or 2nd. Caput succedaneum is never found on a child who has pushed during Labor so we may decide that if a child be presented with one on its scalp that it died after having been born.

Lecture No. 31.

Breach Presentations are not

nearly as frequently met with
as Vertex nor are they as favor-
able. The probable explanation
of these positions is that the child
makes some forcible movement
which is sufficient to bring its
head up and buttock down-
wards. In these cases the move-
ment is made after the child
is so large that subsequent re-
flex movements are not suffi-
cient to right it again. The
Bucco anterior position comes
prior to the Occipito anterior
and the Bucco posterior to the
Occipito posterior. The first
position in this presentation
is much the most common
as it was in the case of the
Occipital presentations. In
Breech presentations when
the Bay of waters impinges the

Sigmo Annus is completely evacuated - for the buttock does not fully plug up the dilated os. If traction be made up on these presentations it is most probable that the head will become fully extended and the arms are very likely to become placed along by it. This is a serious complication to labor. After the shoulders become delivered, the head lies transversely with in the pelvis. Under these circumstances the head is entirely out of the uterus & will not be expelled by uterine contractions. But all this time the cord is being pressed upon and if labor be more than 10 or 15 minutes longer the child will

be born still. Another complication may occur which would destroy the life of the child. That is premature detachment of the Placenta. Labor can only be terminated by the expulsive efforts of the mother. Even if the head be fully extended bringing the Cervico mental diameter to the transverse labor may beminate successfully. But this diameter can go through no other than the transverse. This fact should always be remembered especially when the operation of version be resorted to. In cases of the 3rd. position of the Breast the head must be transverse or else labor becomes impossible. The 4th. position of the Breast almost

always ends by anterior rotation.
it may however terminate
altogether by posterior rotation

Lecture No. 32.

The short "English Forceps" can only be applied to the child when at the inferior strait. The blades of the long forceps are called respectively the male and the female. The male blade must always be applied at the left of the woman and the female at the right, or more generally, the curve should be put towards the sacrum & the concavity towards the arches of the pubis. When the forceps are to be introduced the woman should be brought to the foot of the bed with her genitalia so situated that manipulation will be easy. Her hips should be well over

The top of the jaws should be machined out of lubricated before being introduced.

~~breast~~ (as above) are to
be applied to the child's
head ~~not~~ to the neck. They
should be kept on the side of
the child's head and as near
as can be got to the occipito-
mandibular channels. The
posterior border should be ap-
plied ~~first~~. Dr. Dodge says

~~stated first. Dr. Dodge lays
it down as his rule to inter-
dict the male / female first.~~

The forceps may be used to dilate the vulva, especially if the cervix is contracted. The vulva must be held firmly by the fingers and the forceps applied to the posterior part of the vulva, where it may act

as a guide, and as a probe,
in to the soft parts.

Lecture No. 33.

Version. May be made by the
feet, or by the vertex. The oper-
ation by the feet is the one most
generally resorted to. The woman
must be brought to the edge
of the foot of the bed with her feet
flexed and either resting upon
the bed or upon the back of a
chair. Her shoulders should be
elevated. Ether. Opium. Ergot
and Brandy are the medicines
which should be at hand.
All but the palm of the hand
should be lubricated. In
introducing the hand, the thumb
should be upwards and a
rotatory motion should be
made. The Os must be

dilated or dilatable, and the
child should be within the
uterus. The introduction of
the hand, and indeed all the
manipulation of version, ex-
cept that of extraction, should
be done during the absence of
the pains. It is desirable
to have extraction aided by
uterine contraction. When
the hand gets to the os, it shd.
be suspended so that the back
of the hand will correspond
with the hollow of the Sacrum.
If the membranes are found
to be entire, they should be
left on, for after their rupture the
uterus contracts, and version
becomes difficult. At length
they must be broken, and this
should be done high up,
and not directly opposite the

osuturp. By taking this pre-
caution, some of the Liquor
Amnis is retained, and
makes it more easy to move
the child in the operation of
Version. The feet must be
looked for on the anterior
part of the child. They shd.
both be seized, if possible,
and the index finger inserted
between them. If only
one of the feet can be brought
out, a piece of tape should
be tied to it. It is often well
after Version has been accom-
plished, to let labor be termin-
ated by the powers of the womb
an. If not, all the differ-
ent motions in the process
of labor should be summa-
rized, and carried out.
Care must be taken to keep

the arms at the side of the
child if possible. In making
reversion by the feet the
head must be brought trans-
verse at the Superior Strain.
and by making extraction
only during a pain, flexion
will be almost certain to be
complete. If the head becomes
locked at the superior strain
when it is transverse the
finger or should be introduced
into the child's mouth, or
into the hollow of the cheek,
and flexion made extreme.
The blunt hook upon the han-
dle of the forceps, may be used
to bring down an arm. A
Fillet is a narrow piece of tape,
and is used to make ex-
traction after having been
passed over the grommets,

over the occiput in some cases. It always becomes rolled up, and frequently cuts horribly. To prevent this (partially at any rate) the tape may be padded.

The Tinctis or more properly called the Liver is an angular instrument, the blade having a fenestrum in it. It acts as a lever, but great care must be taken that no part of the woman's genitalia be used as the fulcrum. The Practitioner's hand must always be used for this purpose. This instrument is especially useful in helping to bring about an anterior rotation of the child's head.

Lecture No. 84.

Breech presentations are not to be interfered with by traction. In these presentations, in the first stage nothing must be done - the bag must be allowed to rupture spontaneously. Subsequently, if traction be made the arms being held by the contracted uterus they will be drawn up by the side of the head, and will convert a natural labor into an unnatural one. When the shoulders engage the head will be out of the uterus, and therefore beyond its contracting power. It follows then if labor be prolonged the child will become asphyxiated. The treatment at this stage consists in Rupturing the head perfectly transverse, and bidding the mother to

bear down with all his force. The forefinger may then be introduced into the child's mouth, and flexion and rotation being made at the same time, the head will be delivered without difficulty. Forcips are not, except at very rare instances to be resorted to under these circumstances. If the chin should be locked above the symphysis, by introducing the finger, and pressing upon the side of the jaw, the head may be put transverse, and all difficulty will disappear.

Irregular Birth presentations do not differ materially from the regular, so far as least as the birth minister is concerned.

Distocia is the next study for us to take up, but before doing so, it will

be well to consider the diseases to which the newly born infant is liable. It should be remembered that for the first 9 months of its existence the child has been in fact an aquatic animal, aerating its blood in a manner very similar to that carried on in the gills of fishes, and it is also covered with a sebaceous mantle not unlike that which lubricates fishes. Many of the so called diseases, are merely transition states of the economy. Cyanosis is most generally due to some disease of the heart or lungs or other vessels. In it, the child presents a bluish color. Dr. Meij, says that this disease is often due to a patent condition of the foramen oval - and that the treatment is as efficacious

as it is simple. The child
should be kept constantly upon
the right side. If the disease
is due to organic disease of the
heart, the child will die. Chills
Jaundice, is frequently seen in
young children. Sometimes
the skin alone, is yellowish when
this is the case, mercury will occur
spontaneously - this is not really
jaundice. In other instances
the conjunctiva becomes yellow,
and the evacuations are clay
colored, mixed with bile. There
will also be nausea, and vom-
iting, and often the patient will
be noted to be very drowsy -
Treatment. In the first case
none need be resorted to.
In the latter, purgatives may
be administered. Castor oil
will be found useful.

R Potas. Bicarb 3*j*
Syrupus Sinv. $\frac{3}{2}$ fls.
Aqua $\frac{3}{3}$ j*j*
M. S. $\frac{3}{3}$ every 3 hours.

R Acid Chl. Me gr*j*
Sacch. gr $\frac{X}{12}$
M. Give in Pel $\frac{X}{12}$ (Pulv?)

S. give one every 2 hours.

Gum. This can hardly be called a disease. It is a physiolog-
ical eruption, caused by the
change of surroundings. The
eruption is popular, and lasts
a variable time. Treatment.
Lessen or remove causes of ei-
ritation.

Lecture No. 35.

In ordinary cases the forceps
are not to be used as compres-
sors, but when the head is too
large, or the pelvis is too small

they may be used as such with advantage. The forceps are also employed as tractors, but while they are being used as a tractor they must be moving, and acting at a lever. This may be done by a slow lateral motion. All of the manipulations, except Extraction, should be made during the absence of pain. Care must be taken that no hairs are caught in the lock of the instruments - for if this be not attended to the woman will suffer much needless pain. While one hand is making extraction, the other should be higher up, on the forceps, about the lock, with the forefinger placed upon the occiput of the child. This

finger discovers any slipping, or such like accident. In almost every case, after the forceps have brought the head through the bony pelvis into the soft perineum the woman can terminate the delivery without further traction.

Lecture No. 36.

One of the greatest dangers in instrumental labor, is a too rapid delivery. In performing the operation of version that hand must be used which when held between pronation and supination shall have its palm towards the abdomen of the child. If after version has been effected the arms are extended and lie by the sides of the head, they must be brought

down, and the posterior arm
is the one first to be attend-
ed to. Distocia - difficult
labor. This is a term being
weakened forms one class
of difficulties - obstructions
whether foetal or maternal
forms another. Lacunae
of the uterus another - placenta
previa still another. The
lack of vis a tergo is wanting
often in women who have had
a great many children. A
weak woman may have a strong
uterus, and a strong
woman may have a very
weak one. A woman suffer-
ing from debility or Phthisis
may have a powerful uterus
and they very frequently
have a delay in the first
stage of labor is not danger-

ous to either mother or child.
It may be indefinitely long.
Dr. Conrose has had a case
of a woman in the first
stage of labor, during the
whole four month.

Lectures No. 37.

If the Expulsive or 2nd stage
be prolonged over six hours one
out of every four children will
be born dead, and the mother
is very likely to suffer injury.
Cayenne is a remedy constantly
used when the cause of disto-
cia be a weakness in the
expulsive efforts. It will
be well to examine into the na-
ture of this drug somewhat ac-
curately. It is the allied seed
of the common Pepper. It influ-
ences when given in a full
dose - it seen in some fifteen

minutes after administration.
The pains it produces are
titanic and constant. It
is never allowable to give
Ergot when there is any
grave obstruction. It must
only be used as a uterine
stimulant. It is not usual
by going to primiparae for
in them the uterus is generally
active and powerful.
The child must often be in
a normal position either
by the vertex or the breech.
The wine of Ergot is the most
reliable preparation, and
the proper dose of it is about
 $\frac{1}{2}$ fl. oz. each fl. oz. containing
about one viijss of the powder-
ed drug. Ramsbotham ad-
vises the use of an infusion.
Labor may be complicated

by an abnormal quantity
of liquor amniotic. Dr. Penruddick
relates a case he had of a
woman, 6 ft. high and large
in proportion. Her labors
had always been very rapid.
The Dr. upon his first exam-
ination found the os dilated
about as large as half a dollar.
This was the condition found
at 9 o'clock in the morning,
and at 12 at night there
was no change. The woman
and her friends became much
dissatisfied. The bag of water
was very tense, and the child
very movable, and the uterus
was immensely large. The
Dr. ruptured the bag, and
gallons of liquor amniotic gush-
ed out, trickled down in
a puddle upon the floor, and

ran off into the corner of the room from her flower down across the little pair of stairs. But oh!" Parturient monthes macte undeculabrum (Hunc) a puny, miserable little abortive baby was brought forth, the whole of the uterus had been taken up with liquor amni. Sometimes labor is tedious because the uterus is in a state of congestion. When this is the case it is frequently advisable to bleed. Labor is sometimes slow because the uterus is naturally weak call Treatment. In such cases patience is much required during the first stage, and exertion aided by friction during the second. Emotion or nervousness, may make

labor tedious. The presence
of the accouchement may bring
about a state of nervousness,
in cases of great nervous in-
stability, particularly when
accompanied by Pithora-
Opium is indicated. Labor
may be rendered slow by an
enlarged or swollen condition
of the external labia. The
proper treatment is to scratch
the skin in several places
so that the serum may be
allowed to exude. A rigid
vulva or perineum often
causes a protracted labor.
This condition may be relieved
by the employment of the
forceps. These are the very
cases in which the forceps
are needed most frequent-
ly, generally than in any other.

One of the most unusual causes of protracted labor is a contracted os; or rather one of which refuses to dilate. This is a complication most often met with in young girls in their first labors. The treatment must be chiefly expectant. In such cases the accoucheur should not commit himself as to the time of delivery. The woman must not be put to bed, but must be made to believe that labor has scarcely begun yet. Occasional doses of Castor oil are useful. The patient should be allowed to occupy herself in any quiet manner. A small piece of Belladonna carried up to the os sometimes produces a very rapid dilatation. Spasmotic Con-

Inflammation sometimes complicates Labor. In some cases there is absolutely no os when labor comes on. In these cases a cesarean operation, or vaginal Cæsarian section must be performed. A leucorrhœic condition of the uterus sometimes complicates Labor. This condition is more apt to affect child bearing women than others. The cancer may occlude the os uteri. Then the prognosis is always grave. Cæsarian section, or Embryotomy must often be resorted to. Obligations of the uterus complicate Labor in many instances. If it be an anterior obliquity, the woman must be put upon her back, with her abdomen encircled by a bandage. External pressure and traction is made by one hand.

while the other is in the vagina manipulating the os, and endeavoring to drag it into position. Lateral obliquities must be treated upon the same principles: in these cases the woman is to be placed upon her side. Sometimes a syringe of the uterus remains over the child's head. in each case manual influence is required to push the part ^{out} of the way. Tumors of the uterus and vagina occasionally complicate labor. The different kinds of tumors are numerous. They may be bony, cancerous, or polypoid or some of several other varieties. in fact their name is legion. These tumors should not be cut into if it is possible to escape it, neither should

They be ligated or they must be pushed out of the way, or the forceps may be resorted to.

Deformities of the Pelvis. form some of the gravest complications to labor. Deformities are very frequently owing to diseases of the bones. This class of affections is rare among American women.

Treat
ment. Embryotomy, Cesarean Section, Version by the feet are the various methods at hand.

Lecture No. 39

The Hodge Forceps are prominently the ones to be used in moderate deformities. When there is not less than $3\frac{1}{4}$ inches in the antero-posterior diameter of the superior strait, there are hopes that the child may be delivered by the forceps.

The instruments in these cases are not only to be used as levers & lectors, but also as compressors. Prof. Simpson advises that in those cases in which there is little or moderate deformity at the superior strait, the operation of version by the forceps be tried before the forceps are resorted to.

This operation must be strictly confined to those cases in which the deformity is lateral, or to contraction of the conjugate diameter of the Sapien Striat. It has been proposed to divide the ligaments connecting the symphysis pubis. It was supposed that this would give more space in the cavity of the pelvis, but experience has proved this to be a mistaken idea, and the operation is now looked upon as one not to be resort-

ed to. Emphyotomy. This must now be performed without a consultation. It must never be employed without the child is dead, or has lost its viability. The consent of the patient and her friends, must always be gotten before this operation is begun. The first step is to have the woman's bowels evacuated. Until lately small scissors have been used to open the child's head, but more recently the Hodge instruments have come to be considered the best scissors that can be employed. Prof. Harlow's perforator, is also a very good instrument. It is not well to make traction very soon after having opened the child's head, for if time is allowed to intervene, the loss of blood and of brain mat-

will materially reduce the size of the skull. In all common cases, after having opened the head, the forceps will answer to effect delivery. If crushing forceps are used, there is no use of opening the skull.

Lecture No. 40.

A Practitioner has no right to allow a woman with a badly deformed Pelvis go to the full term. He should perform the operation for the Induction of Premature Labor. This operation may be demanded under these circumstances.

1st. To benefit the mother

2nd. " " " " " child

3rd. " " " child only

When the deformity is very great it is proper to bring on Abortion, at such a time when

The child can be readily born. In some cases Morning sickness is so excessive that it is demanded of the Accoucheur to bring on Puerperal Labor in order to save the life of the mother. In cases of moderate deformity this operation must be resorted to in consideration of both mother & child. It should be performed if possible only when the child is viable. This is usually about the close of the 7th. month. In cases where the child's head is very large the operation is sometimes demanded. for if it were allowed to go on to full term it would be still born. In such cases it is performed for the child's benefit. Puerperal Labor is called for when a woman has lost several children

either during or just before labor. In such cases it may be brought on at 8 months. If the conjugate diameter of the Superior Strain is less than $1\frac{1}{2}$ inches, Cesarean Section must be performed.

If this diameter is more than $1\frac{1}{2}$ but less than $2\frac{1}{2}$ Embryotomy must be resorted to.

If the antero posterior diameter be more than $2\frac{1}{2}$ inches, but less than $3\frac{1}{4}$. Version by the feet is the proper operation for this op. If this diameter is more than $3\frac{1}{4}$ but less than $4\frac{1}{2}$ in contraction the forceps can effect delivery.

Lecture No. 41.

Puncturing the membranes will doubtless bring on premature labor, but it is a method which

is neither safe to the mother or child, and should never be resorted to. Irritating the nipples has been proposed as a way for bringing on ~~Promature~~ labor. This is a very safe method but not at all a sure one. The Jewish method, as it is called, has been proposed as an excellent manner to bring on Promature Labor. It is in fact a way of giving the os uteri a cold douche - the water is forced into the vagina quite strongly several times in the day. It has been proposed by Dr. Tyler that hot and cold water be used alternately. The most reliable method is to make use of a sponge tire. This must be introduced into the cervix and left there. The woman having been brought to the edge of the bed, into her vagina must be

(P.
questioned as Tampico. He left this place
of stay many days ago. This
last operation should always
be inserted so the execution
has been carried out. The
ascended pelvis his operation
is calculated to do away with
the more bloody and each calm
before inside the lumbar tract
in the abdomen is reached by the
difficult operation is impossible
by decompression because
the tract is small and
the blood is so thick that
it is hard to work at
sustained and allow the blood
to be evacuated.
golden sometimes being
so thin and fast that it is
difficult to find the
masses of granular.

~~easy~~ ~~immediate~~ ~~for escape~~
~~especially children~~ ~~an abnor-~~
~~mally large head~~ ~~this causes~~
~~before~~ ~~or~~ ~~Prof. Pinson~~
~~had~~ ~~a woman~~ ~~in three~~
~~abnormal~~ ~~expelled~~ ~~15 pounds of~~
~~tissue~~ ~~head~~ ~~swept~~ ~~18 pounds,~~
~~the second~~ ~~15 pounds of the last 12~~
~~pounds.~~ ~~Pinson~~ ~~swept~~
~~himself~~ ~~from~~ ~~compli-~~
~~cates~~ ~~the fetus~~ ~~for instance~~

Lecture No. 42.

Vision by the Vertex - That hand
should be used, whose palm shall
correspond with the occiput of
the child. If brows present,
above, must be treated by this
operation. If it cannot be
accomplished, the dexter hand
be used and the head be forced
to flexed. It might become nec-

ways in such a presentation
as to perform Embryotomy.
Presentations of the sides of the
Head. Should be treated by
performing cesarean by this
way. Sometimes however, this less
presentation becomes sponta-
neously changed. Great
lateral obliquity may cause
unnatural presentations of
the child's head. In face
presentations, three positions
are favorable, in three others
than may occur, labor becomes
impossible. The favorable
positions are the anteromu-
tual, the unfavorable ones are
the posteroinertal. Taking
the first position as a type,
we mark that the first effect
of uterine contraction is to
cause adaptation the head

becomes more extended. The face then descends. At length it meets with obstruction and the contractions continuing the head is made to rotate and the vertex gets in the hollow of the sacrum. The chin then engages beneath the arch, and the vertex describes around it the arc of a circle, and is born in a state of flexion. The shoulders engage & rotate and are born.

Lecture No. 43.

In fourth positions of the chin, if it ends spontaneously, it will do so by the chin rotatory, coming in front and convoluting a 4th position into a 2nd. This will not often occur, and if it does not, ~~delivery~~, unassisted, becomes impossible. Face presentation

are always tedious, even when
the chin comes in front.
The mother's soft parts are
powerfully pressed upon for
a long time, and therefore their
positions are dangerous to
her. But they are not only
dangerous to the mother, but
by reason of the immense and
continued pressure upon the
child, it often becomes at-
phystiated, and it not infrequent-
ly still born. In many anter-
ior positions the forceps may
be used - by this means the labor
may always be terminated suc-
cessfully. The liver may sometimes
answer the purpose. Monto posterior
positions being incompatible with
natural delivery, it is the duty
of the physician so soon as he
finds the child is coming down in

this manner to resort to the operations of version by the water. If this cannot be done, no time should be lost in resorting to version by the feet. If the head has come down too far for either of these operations to be performed, the chin must be brought in front, either by the hand, the larynx, or the forceps. Embryotomy is as last resort.

Trunk Presentations. These are not frequent, because all those circumstances which give the child great latitude of movement. It is not infrequent for the 2nd. child, in cases of twins, to come down by the trunk. Trunk presentations are always cases of impracticable labor. Sometimes these presentations will terminate by spontaneous version

or by spontaneous evolution.
Spontaneous version is much more likely to occur before the bag of waters is ruptured than it is after that has taken place. By this, a trunk presentation is changed either into a presentation of the vertex, or of the breech. This does not occur except in very rare instances. In Spontaneous Evolution the arm and shoulder, and at length the trunk is expelled, and then the head will be born as in breech presentations. In this process it may elapse and the product of conception is almost always destroyed and indeed the life of the mother is in great jeopardy, see Salatmuk. Cases of trunk presentation should

Treatment

never be left to nature. Vision
by the feet is the operation to be
employed. This in these few
instances is generally very easily
accomplished.

Lecture No. 44.

The treatment of Trunk presentations
is the proper subject of the after-
noon's lecture. Vision in these
cases though generally easy, is
sometimes on account of the loss
of Leg or Arm, or inevitable con-
traction of the uterus, impossible.
Vision by internal and external
manipulations should in such
cases be resorted to. By this operation
spontaneous vision is usually aided
or initiated. If neither of these
operations can be performed, Dr.
Hodges proposes that a blunt hook
be introduced between the legs
upon the nates and forced as

brach's presentation. Should all these resorts fail Emphytomy is all that is left. The "blunt hook" must be put over the neck so that it can be drawn down low enough for the head to be decapitated.

Foetal accidents. Prolapse of the Cord and Short Cord. The causes of prolapses of the cord are numerous. Such as Placenta praevia, Frank presentations, and more particularly from undue amount of Liquor Amniotic, which when it is evacuated, washes out the cords. In most cases of prolapse of the cord the child will be still born. If it be discovered very early it is sometimes replaced without difficulty to the cavity of the uterus. If it has a tendency to come out again, a little piece of

sponge may be introduced into the mouth of the uterus, in front of the cord. This will swell and possibly may form an obstacle to the subsequent prolapse of the cord.

Short Cord. The shortest cord that Dr. Penrose has met with was six inches. In cases of this sort the only way that Labor can be rendered possible is by the application of the forceps.

Accidents happening to the Mother.

Puerperal convulsions, those taking place either before, during, or following Labor, but predisposing causes. An irritable condition, exciting causes - centric or eccentric. Pectoral, anaemia; Blood poisoning; constipation; Emotions; these are all centric causes. The eccentric cause is irritation in any distant organ.

or pressure of the child during its
expulsion. Treatment. - Blood
letting. This is not only curative,
but it also lessens the tendency to
apoplexy, which otherwise would
be very likely to occur. The quan-
tity which should be taken is some-
times large. Purgings enemas: con-
trivitation & cold to the head.
Anodynes may be employed
after depilating midus hair
been given. Chloriform inhal-
ated as the convulsion is
coming on often proves useful.
Some recommend to bring on
delivery immediately, but this
is bad practice. Premature
labor should not be brought
on to relieve their convulsions.
If labor has already commenced
it may be hastened, this may
be done by the forceps. Care

must be taken however that we do not cause more irritation than that we are striving to relieve.

Lecture No. 45.

The ~~second~~ method of treating Placental Puerperal fever which Dr. Hodges recommends. That is by introducing a Tampon during the first stage of labor, and if the membranes ~~have~~ should continue, his bag of waters is to be ruptured, and labor termin- ated speedily. Dr. Scrope pre- fers to introduce the tampon, and as soon as possible per- form the operation of version. Dr. Simpson advises that the placenta be delivered first and the child afterwards.

Accidental Hemorrhage. Must be treated by rule, the use of

The tampon, cold, and if the
haemorrhage lasts, a hasty
delivery - Laceration of the
Uterus. May be the consequence
of obstructions, too violent ac-
tion of the organ itself, impro-
use of Ergot, and disease
of the uterus. The laceration
may take place at any part,
and may extend in any di-
rection.

Treatment. This is
to empty the uterus as soon as
as possible. If the child has
escaped into the abdomen, the
operation of Gastrotomy must
be performed. If the head be
in the vagina, the forceps should
be employed. If it be at the
Superior Strain, version by the
feet is the proper treatment.

Diseases peculiar to Women.
In treating women we must

ever be mindful of the influence that sex has over her. In every anatomically perfect woman at a certain age (not accurately fixed) the function of menstruation should become established.

Lecture No. 46.

Amenorrhoea. May be due to an absence of the ovaries or the uterus. Apparent amenorrhoea may be caused by obstruction, such as an impinged hymen. The egg and secretion (?) may be lost at the fimbriated extremities of the Fallopian tubes, and fall into the cavity of the peritoneum; here it may or may not cause inflammation. In our climate, menstruation generally comes on between the ages of 12 and 15. Sometimes

young girls will pass by this time without menstruating. If they are healthy in all other respects this condition need cause little alarm, for the function will gradually ultimately be established. Sometimes even plethoric healthy young girls will not menstruate. This cannot be compatible with permanent health, she will become now, troubled with headache, drowsiness, and anaemic, and chlorosis will at length be marked. The rosy cheeks, the cherry lips, the liquid eye and the joyful voice, become changed for a pallid face, bluish lips, and a heavy sorrowful eye.

Emanus Mennium, is that condition in which the function of menstruation has never taken

place. Treatment. If there is no
ovary or uterus, nothing can be
done. Should there be an im-
perforate hymen, it is necessary
to puncture it. The indications
are to lessen irritation and to
ward off plethora. Hygienic
laws must be regarded. Bathing,
frictions, and horseback riding.
Purgings. All this must be done
at the interval, and afterward,
at that time when the flow
should take place, the girl must
be sent to bed, and have warm
drinks given her, which should
be slightly stimulant and dia-
phoretic. Not only must our
flow be brought on but the reg-
ular habit must be establis-
hed. This is the treatment appli-
cable to amnorrhoea. Taking
place in plethora of females.

Anemic hæmorrhoids are the
most frequently found in
weak and anaemic girls.
Treatment in these cases con-
sists in brisk exercise and
sulphur. Never forget in the
treatment of all chronic diseases
such as Scrofula, ^{Tuberculosis} tuberculosis
and the like affections, the invig-
orating influence of sun light. ^{light}
Nutritious food is all essential,
Keep the cutaneous surface in
good condition. It is some-
times well in the beginning of the
treatment to employ very small
doses of Calomel and Tartaric
Carbonate of Potassa. These may
be continued for some time,
antisecretion and excitation
be fully established, then
Iron and Quassia will prove
beneficial.

Lecture No. 47.

In cases of Emanio Menstruum it becomes necessary to develop the vitality, for now appearance of the Catamenia is due to debility. Rubbing with "Haw gloves" and with a "Back strap" is a very essential element in the treatment. This should be done with regularity every day. The exercise should be such as to cause exertion and produce perspiration. Rest however should always follow such exercise. If the bowels are constipated, the best laxative that can be given is Castor Oil. One spoonful may be given at night time. Cod liver oil may often be administered with benefit. A regular habit of menstruation is of vital importance to a young girl, without such ex-

ist she will probably be unsu-
able for life. Cramming the minds
of young girls with too much
learning, at the expense of their
physical development, injures
them more than anything else;
let us then have less arithmetic
and more menstruation, fewer
books and more babies. A
coquettish glance, a saucy smile
and a happy voice, will fat-
enate where an oration on wom-
en's rights, or upon her intellect-
ual abilities would only repel.
A man does not love a woman
for her power in differential
Calculus - he loves her simplicity.
Suppressive Menses. This is
that condition in which the dis-
charge having once taken place - for
some reason stops. Pregnancy,
Excessive venereal indulgence

respondency - these are some
of the causes. Cold is also one
of the most prolific causes of
suppressed menstruation. The sym-
ptoms may be those of constipation
or depression. This condition
may pass off at the time of the
next menstrual period. Whenever
a woman gets much below her
standard of health, she will be
troubled with Amenorrhoea -
this we may put down as a
general law.

Lecture No. 48.

Vaginous haemorrhage, or discharge
as often take place, in the stead
of the menstrual flow. This gen-
erally happens from the fulmen,
an mucous membrane, or in
the stead there may be a de-
arthrosis let in. Girls suff-
ing from suppression menstruum

are very apt to have eruptive affections - acne, and the like.

Treatment of Suppressive Menstruum. The woman should be sent to bed, and hot baths should be taken. These should be of as high a temperature as the girl can bear. Hot drinks are also useful. Saline diaphoretics and purges may be employed. If this does not suffice, and the period goes by, the woman must get up and go about the usual occupations, and when the next period comes on, a similar mode of treatment should be resorted to.

Chronic Suppressive Menstruum. If this be physiological, it cannot be treated successfully; if it be pathological, the vitality of the patient should be

~~stimulated~~. Anemia is almost always a complicating symptom of this condition. The uterine system, when in proper condition, reacts strongly upon the system and gives it vivacity. What a miraculous change comes over the young girl, when her sexual system becomes fully developed. Her fine and squeaky voice, her unprepossessing manners, all changed for all of the fascination of an angelic young girl. Those girls having the healthiest ovaries are always those having the most brains. A poor anaemic, chlorotic girl, suffering from anemorrhocœs, takes pills for her pimplies, and purges for her piles, and calls but little admiration from her opposite sex. Iron is among the most

potent remedies given in
ammoniorhachas. Dr. Penrose
knows of a certain village sit-
uated upon a stream whose
waters are much impregnated
with iron. He says it has a
great influence upon the fe-
males of said village - the pre-
mature state being the natural
state for all of the married
and most of the unmarried
girls of the place. Aloe, saffron
black hellebore, are all useful
emmenagogues. Dr. Hodges re-
commends the last medicine,
he gives gtt*s* ^{xx} in a wine
glass full of water 3 times a day.
Prof. Penrose highly recommends
equal parts of the tincture of
Cantharides, and of the Tincture
of the Chloride of Iron; of which
he gives gtt*s* ^{xx} in a tumblerful

of water 3 times a day. Also 5-
grs X to Mercapto $\frac{1}{2}$ may be
injected into the rectum or
an local application. In Italy
large injection of Aqua Ammonia
in milk, is thrown into the
vagina. This must be just
strong enough to cause a little
temporary fulness.

Lecture No. 49.

Menorrhagia is the proper subject
for this afternoon's lecture. We
have been considering suppression
of the menstrual flow. It now be-
comes us to study too profuse a
flow. About $\frac{1}{2}$ of discharge should
take place daily in a healthy wo-
man. But quantity alone does not
constitute menorrhagia. It may be
small in quantity, but still may
have an injurious effect upon the
woman, this is menorrhagia.

If the daily discharge be small, but still be too long continued, the patient would be said to be menorrhagia. This disease may be brought on by strong emotions, which cause enlargement of the ovaries; in fact we may state, in general, that anything which causes ovarian excitement, or uterine engorgement will be likely to bring on menorrhagia. Anemia is another cause, as is direct violence to, or inflammation of the uterine vessels. Ladies suffer from this disease. A young woman consulted Dr. Penrose who was married to an old man, whose youthful vigor had gone, but whose desire was not the least diminished. The consequence was frequent attempts which were unsuccessful.

ful, causing only ovarian ex-
gorgement, and excitement and
therefore Monorrhagia. Dr. P.
ordered that they should occupy
different beds. After this had been
done some time, the husband
returned to his wife, and the con-
sequence was a pregnancy.
The Dr. consequently claims to be
as truly the father of that child, as
its rightful male parent.

Treatment of Monorrhagia. Find
the cause, and set to remove
it. In Pathic cases com-
bined with constipation, give
a restricted diet of purgatives.
Attention to the condition of the
skin is important. Bathing
followed by friction will prove of
benefit. Reputation of the virtue of
sexual indulgence is essential.
During the menstrual flow the

woman must be put to bed
and kept there until it is checked.
A saline laxative may be
given when the regular discharge
is expected. Anodynes are
useful in all forms of Menorrhagia.
An injection of demarcotized
Opium may be used to lessen
ovarian or uterine excitement.
In "the interval" we may order
cold hip baths. Cloths wrung
out of cold water and vinegar
may be put over the Hypogastrum.
A Pint of Cold water
may be injected into the vagina
daily. Alum, tannic acid, &
other astringents may be add-
ed to water and frequent in-
jections (vaginal) of the mixture gi-
ven. The internal use of Acetate of
Lead is often useful. Gallie
acid may be given internally.

ally. Ergot may be used, and often produces happy results.

Lecture No. 50.

In the "interval," if possible, the cause of the disease must be ascertained, and removed. In some ^{rare} cases, it becomes necessary to use the tampon to save life, the discharge is so very profuse. The last resort is to inject liquids into the cavity of the uterus. This mode of treatment is not unattended with risk, even if simple cold water is used. Gallie acid, nitrate of silver and Moncels' salt may be used to prevent infections with.

Premalignic Dismenorrhoea. The pain in this disease is of a peculiar kind; it is sharp and lancinating. The pain may precede the menstrual flow, at other times it comes on after the discharge begins, and may be fol-

bound by the expulsion of a small clot, after which time the pains may cease. Conjunctive form of bryomorrhoea. Is not as frequent in young girls as the neuralgic variety. The pains are paroxysmal; they are somewhat like labor pains, but unlike them there is no interval of complete ease. In one variety of bryomorrhoea, Rhumatic or Gouty symptoms are observed. The skin is hot and perspiring. There is fever, and during the interval the uterus is irritable. The seat of pain in bryomorrhoea is doubtless in the muscular tissue of the uterus. In the conjunctive form of bryomorrhoea there is frequently a discharge of a shaggy or membranous. In rare instances,

a complete lining membrane of the cavity of the uterus is thrown off. In which is now owing to inflammation of the womb, due to congestion of that organ, and the membrane or shred is the exfoliated mucous membrane of the uterus. It is by some supposed that a contracted state of the os-uteris is the pathological condition existing in this disease.

Dr. Penrose regards this as at least a very rare cause. A history of the case will serve to distinguish this from Abortion. Treatment. Relief from pain, lesser congestion. Soothing relaxants. Anodynes - laxatives, and hot baths are the proper remedies. The temperature of the bath should range from 100° to 115° . Rest is absolutely essential for dysmen.

ororrhonal patients by Alcohol.
Stimuli are useful for they aid
and spur, and they lessen pain.
However it is questionable whether
or it is wise to allow hot al-
coholie drinks, for as it is a
decurring disease the habit of
taking stimulants may become
permanently established. If
the diammorrhoral is due to
cold, it may be well in some
cases to give hot whisky and
Ether is a useful remedy, as
is also Chloriform, but the
same objection that is made
to the use of Alcohol, may be
urged against both of them. The
same may be said of Opium
but the habitual use of
Opium is not as bad or
as injurious as the con-
stant drinking of Alcohol or

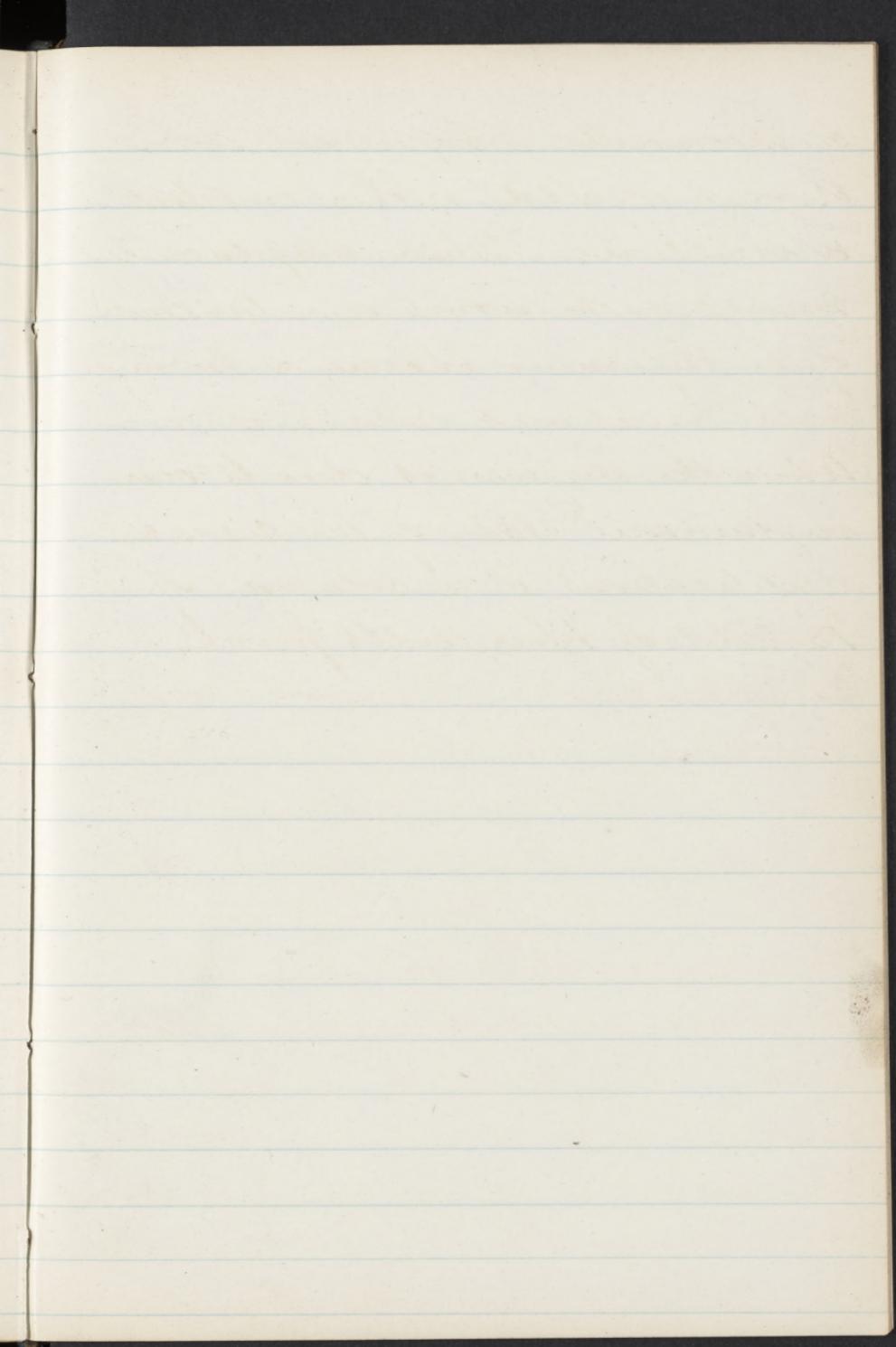
frequent inhalations of Chloriform,
See Lecture No. 51.

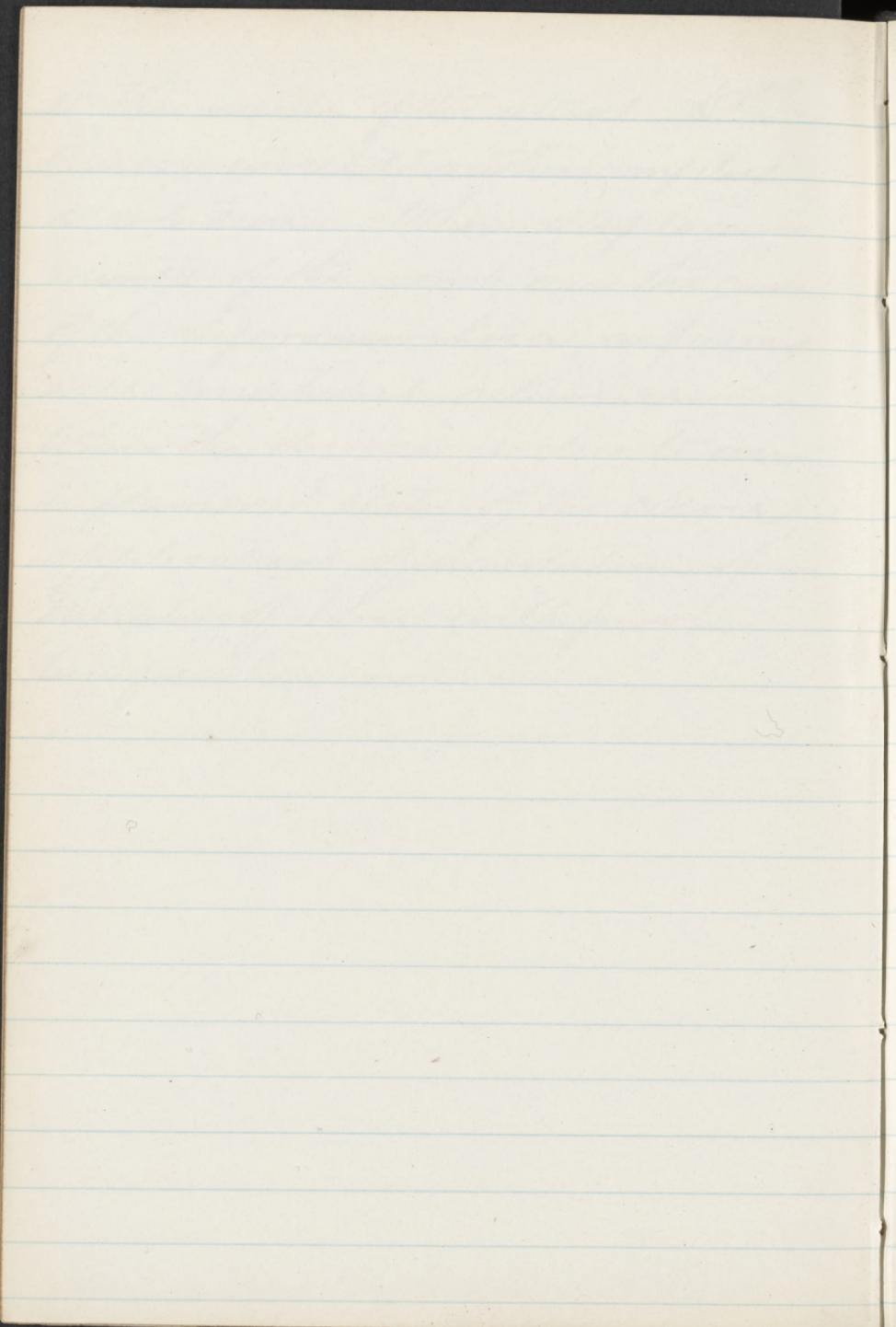
Of the various preparations of Opium the watery extract is prob-
ably the best, it is less apt to
constipate; or to disorder the stim-
ulants than most of the other prep-
arations. It had better be given
by the rectum. The Tincture Opii
is a good form in which to ad-
minister this drug. If Opium cannot
be used, Hyoscyamus is the next
best narcotic - of this the English
Extract is the most to be valued.
grs v of it may be given - Camphor
does not augment the action
of Opium or Hyoscyamus when
given in combination with
them, it rather modifies their
action. Camphor alone may
be given as a stimulant and
aromatic. Dr. Simpson

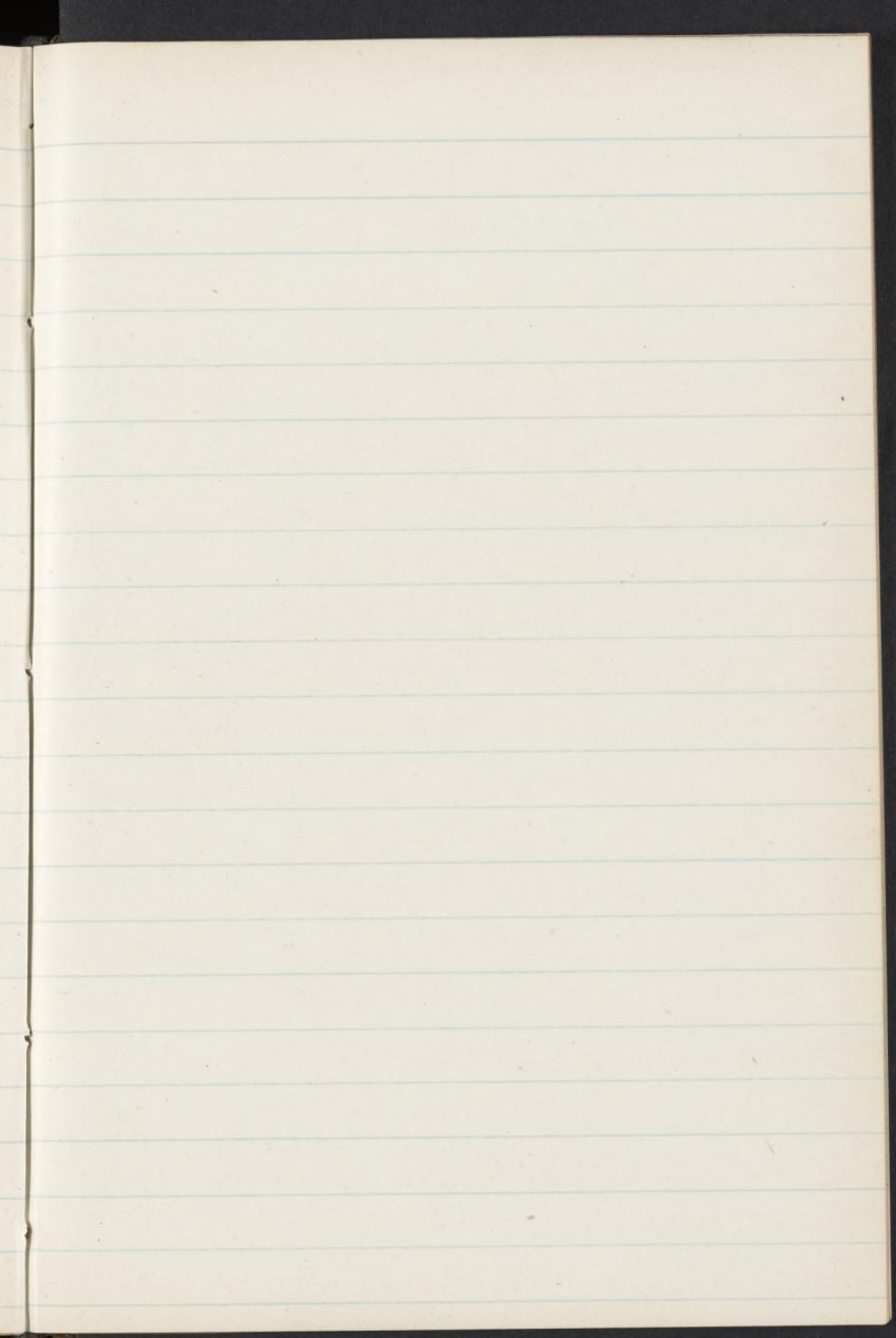
recommended the injection of car-
bonic acid gas against the os-
tium; he also speaks in high
terms of vaginal injections of
the vapor of Chloriform. In the
congestive varieties of dysmen-
orrhoa, anodynes are of but
little use. Another indication is
to remove some blood and
by this means relieve congestion.
Leeches applied to the anus often
affords great relief. In the
interval the leeches may be
put to the neck of the uterus—
they must not however be put
to this part when the regular
menstrual flow is nearly at
hand, for such a course might
cause a suppression. When
consulted about painful men-
struation occurring in a young
girl, it should be remembered

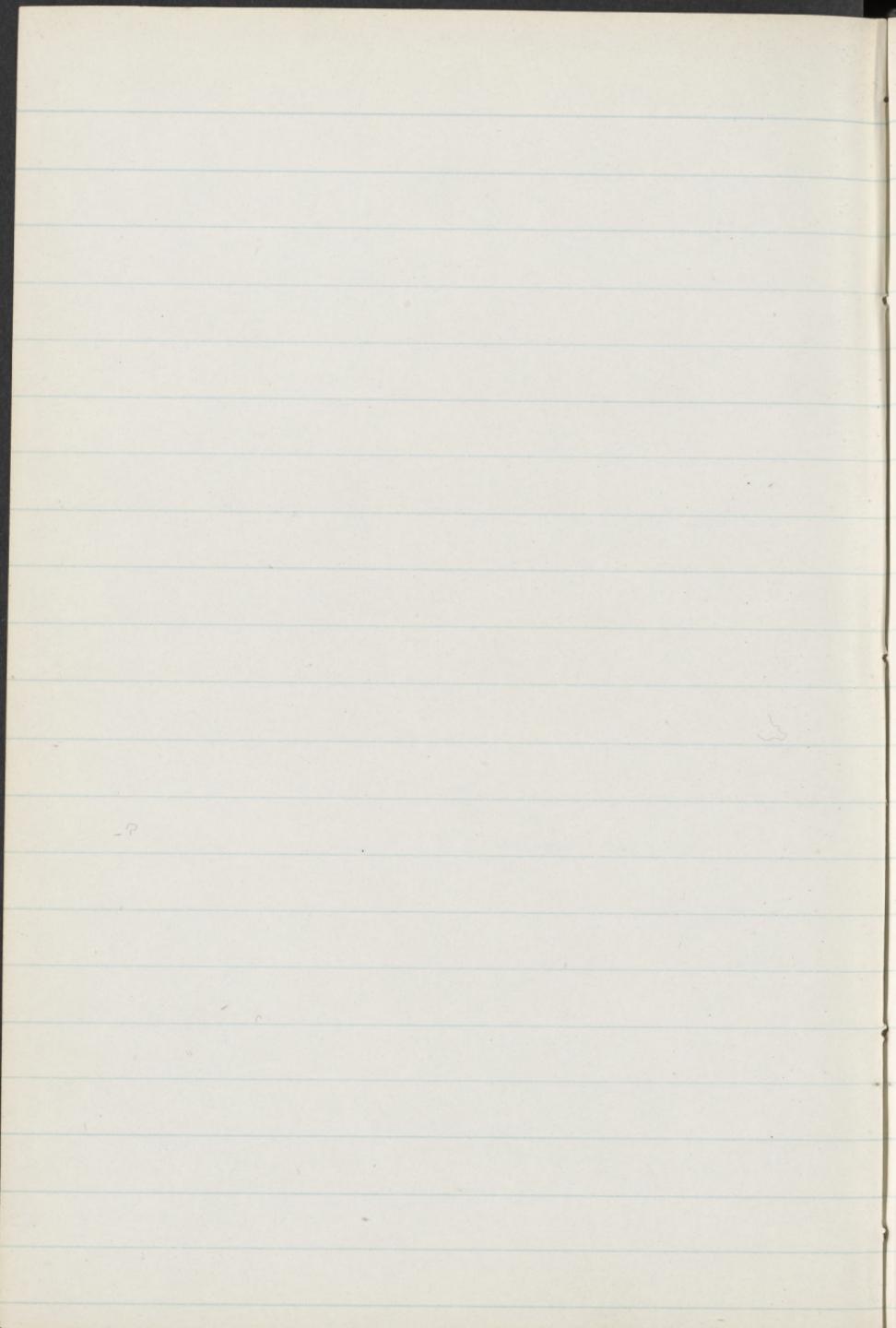
that a tendency to the formation
of habits, either good or bad is
very strong in them, it should
therefore be the chief aim to remove
the pain as soon as possible, that
the habit of painful menstruation
may not become fully establish-
ed. "Unhappy is that man who
marries a dysmenorrhoeal
girl. He finds dysmenorrhoea
and bliss utterly incompatible.
Many a man has offered up
his happiness on the marriage
altar sprinkled with dysmen-
orrhoeal blood." If a medical
man is consulted as
to the expediency of such a con-
nection, he should by all means
disapprove it. In the more
severe form of dysmenorrhoea
Dr. Simpson recommends ap-
plying powdered Nitrate of Soda

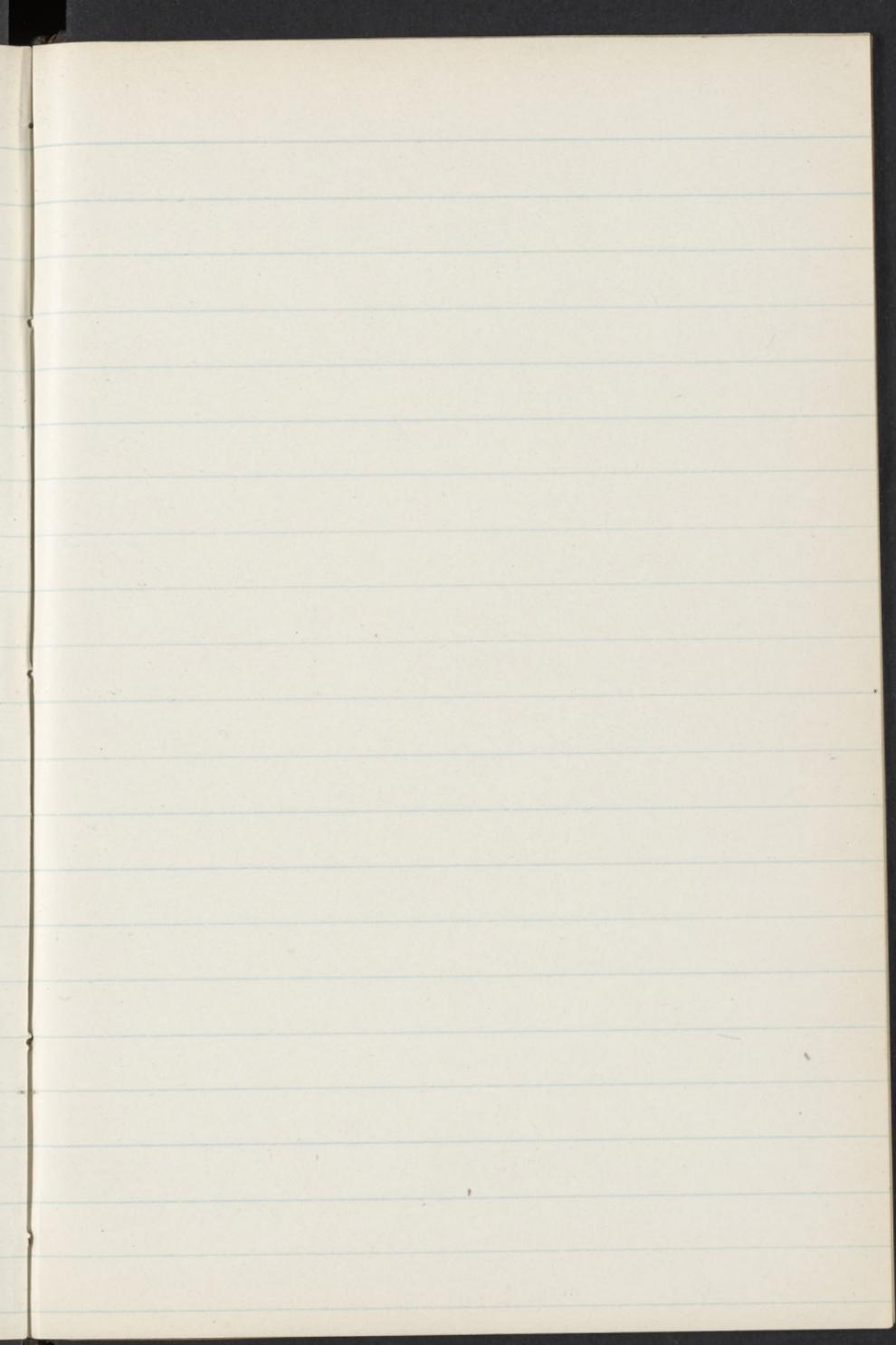
to the inside of the uterus. Dr Penrose would rather employ
a solution. When displaced
parts of the womb are the cause
of the dysmenorrhoea, a purgative
will sometimes relieve it.
When the disease is due to an
inflamed state of the cervix,
applications of a solution of the
nitrate of silver will prove
beneficial, of the nitrate of silver
will prove beneficial.

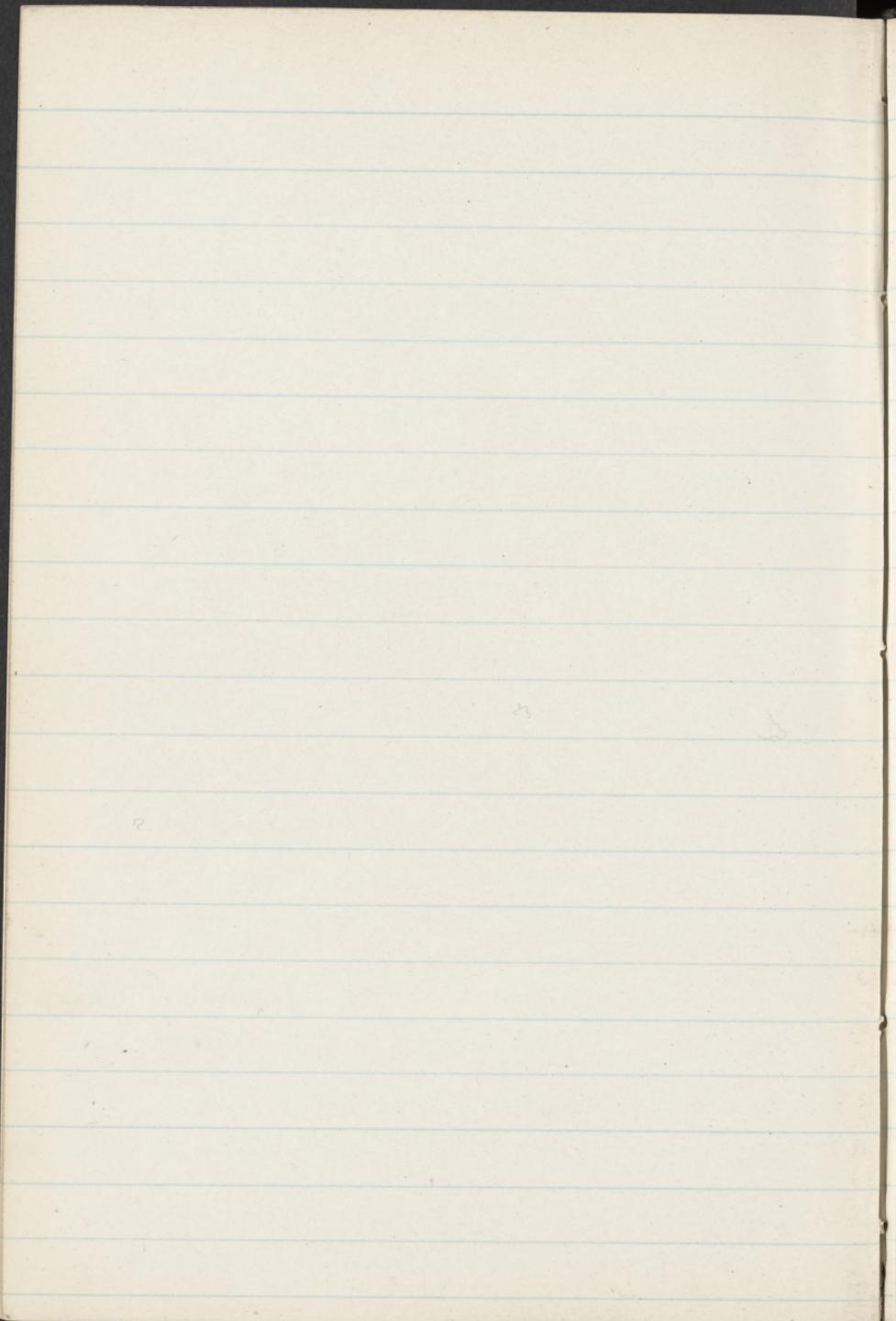


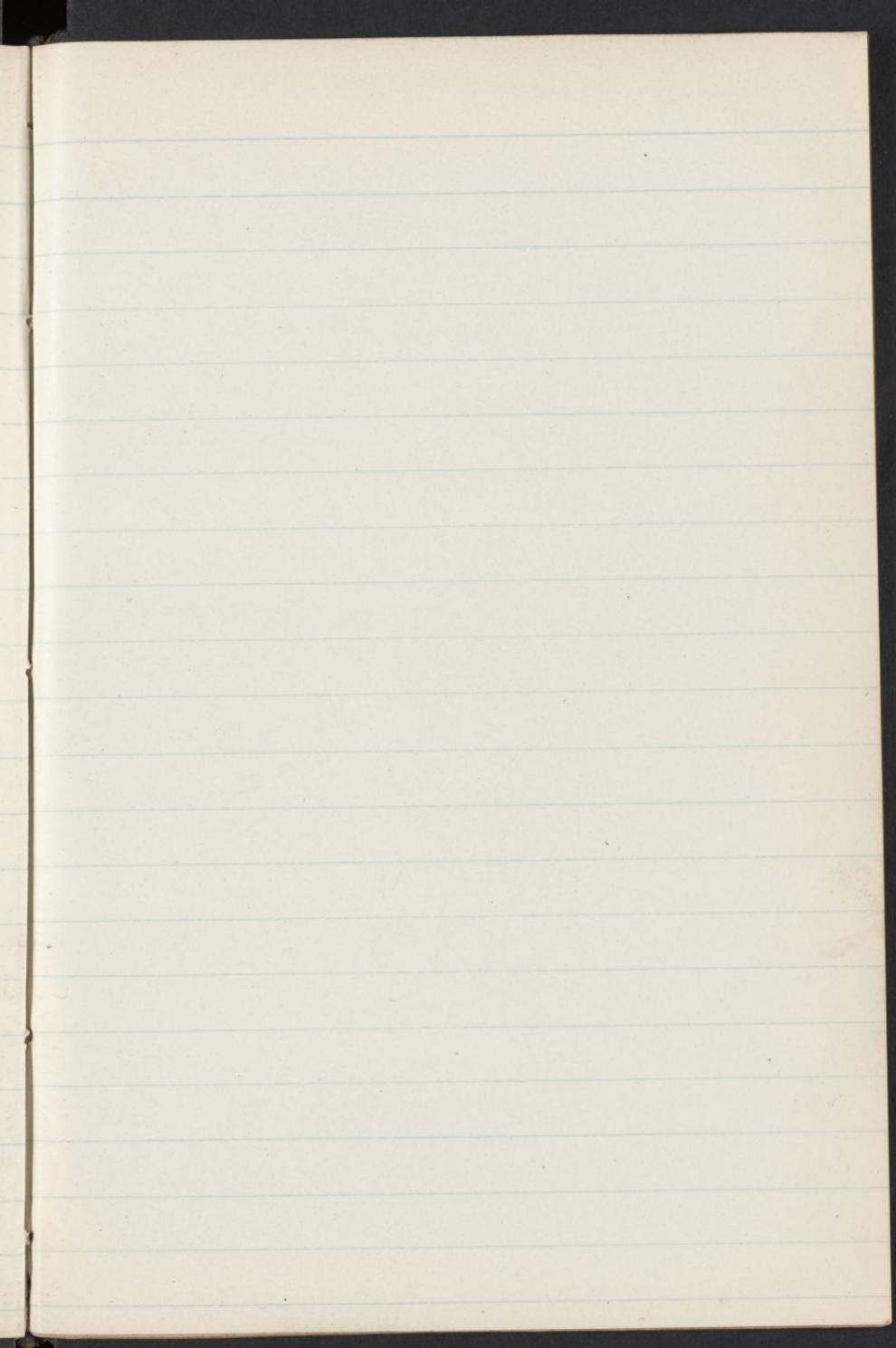












Mr.

